

DNANOCK, VA. NEWS
AUGUST 24, 1945

Colored Fair Breaking Records

The Tasley Colored Fair which is being held this week is destined to break all attendance records, according to J. Edgar Thomas, general manager, and it is reported that cars from twenty states have borne passengers to help swell the crowds.

Thursday of last year an all-time record was made with the attendance estimated at 12,000 people, day and night. This year for the same day a 15,000 attendance was estimated.

Yesterday the grounds were crowded in all corners with automobiles and people and about noon cars lined the highway north and south.

From the opening on Tuesday, as a matter of fact two days before, the colored people of this section began swarming into the grounds and this is expected to keep up through Saturday night. Each day's attendance has been greater than that of last year.

Possibly the feature of the event is the Jenkins Orphanage Boys Band and the horse racing and there have been one or two racing heats in 2:08 to 2:11, according to reports.

The Tasley Fair is getting to be one of the biggest if not the biggest colored fairs in this section of the country and each year an investment is made in the grounds to improve and to provide better facilities for the event.

L. Seabrooke Smith, a licensed U. S. Trotting Association judge and starter, is officiating in the race events.

32-1945

Kentucky

**Dr. Dibble to Head
Central Health Center**

Courier Journal
12-2-45
Dr. Andrew H. Dibble, Negro physician, has been named director of the Central Louisville Health Center, it was announced yesterday by acting City-County Health Director Gracie R. Rountree. Dr. Dibble, assistant director at the center since 1942, succeeds Dr. C. Milton Young, who plans to return to private practice. **Louisville, Ky.**

Alabama Leading Program In South For Better Health

Birmingham News
Welfare Conference Report, However, Shows That Entire Section Is Poorly Fed, Poorly Housed And Poorly Clothed

6-16-45
BY MARGUERITE JOHNSTON
News Washington Correspondent

WASHINGTON, June 16—Alabama—with her newly functioning state medical school, with her current blitz against venereal disease, and with her rare basic pattern of health departments across all her 67 counties—holds a slim margin of leadership in the South's health.

The entire South, in recent years, has made slight gains in the physical well-being and care of its people. The deaths are the sharpest mark of the widespread lack of medical facilities and personnel.

But the South is poor, and out of long poverty has come a pervading sickness which has crippled the people and the economy of the once vigorous Dixie Land.

Even with a comparatively good score in the South, Alabama is yet far below the nation's level.

This was evident in a special health report made this week by the Southern Conference of Human Welfare. The report is part of a move to arraign Southern congressmen behind the Hill-Burton hospital bill, behind the Pepper program for wide distribution of health services, and other federal measures designed to spur the section into physical and economic strength once more.

ONE MAN OUT OF TWO in the "fighting South" was rejected for military service between February and August, 1943, the report shows. While the rest of the nation had 65 eligible soldiers in every 100 men examined, the Southern states provided only 49.6.

In the agricultural South, where natural foods abound, pellagra—caused by lack of proper food—killed 6.5 per 100,000, a rate of 400 per cent higher than that of the nation.

In the Southeast, warmest section of the country, death rates from pneumonia and influenza are at their highest—90 per 100,000, compared to the nation's 70.3.

Syphilis mortality in the South averaged 30 or more per 100,000 in 1940, compared to the nation's 14.4. Eleven of the 13 Southern states had higher syphilis rejection rates among white youth, alone, than the national average for white youth.

Infant mortality and maternal

staffed three or fewer employees per 10,000 population.

The South, the report concludes, is poorly fed, poorly housed, poorly clothed.

The U. S. census of housing shows that the average value of a home in the Southern states is \$1,363, compared to \$2,503 in the nation as a whole. The farm homes in the South are even poorer, averaging in value only \$644.

Sanitation is poorest in Southern states of any region in the country.

Modern hospitals are fewer than in any other section.

The fault lies, the Southern conference indictment indicates, in the low income of the South.

PER CAPITA EXPENDITURE on health is as great in the South as it is anywhere in the nation.

But the fund raised by the tax per person is insufficient because the South's total income is low. Rural areas have neither the corporate nor the individual wealth which is translated into tax funds, endowments and full payment of fees and charges.

The South is, therefore, unable to answer its own health problems alone.

Federal assistance will be necessary if this vast breeding ground of America's future population is to be a healthful one.

THE HILL-BURTON HOSPITAL BILL is one of the answers toward which the South can look, for which Southern congressmen can fight.

Proposed by Sen. Lister Hill, of Alabama, and Sen. Burton, the bill provides \$5,000,000 for planning and \$100,000,000 for building modern hospitals in rural areas throughout the United States.

The federal funds it proposes to allocate would be used to assist the states in making a survey of the hospitals and health facilities needed, to assist states, counties and cities to provide for themselves modern hospital and health centers, and to assist states to correlate their hospital and public health services into a balanced program of public health.

Sen. Claude Pepper was chairman of the Senate's subcommittee on wartime health and education which surveyed the nation and found the South most painfully wanting in health facilities. The resulting recommendation, that a network of medical facilities be worked out on a state or regional basis to make high quality medical care available to every citizen regardless of where he may live, was embodied in the Hill-Burton bill.

The struggle upward through convalescence is sometimes long. By wise combination of federal assistance and internal effort, Alabama may reduce that convalescent period considerably.

WASHINGTON QUIRKS amuse its transient dwellers in war time. If you dial the Navy Department telephone number, and if you ask

for any extension the Navy switchboard operator—instead of the usual "Thank you"—replies nautically "Aye aye."

And there's a sign in the window of an establishment across from the Treasury Department which says "Do your part in the war effort. Help feed war workers. Apply within."

The sign is in the window of an ice cream and soda shop.

BILLION DOLLAR CONTROVERSY over tidewater lands—lands newly interesting to oil-hunting Alabama—will move into formal stages Monday in Washington with hearings on 18 similar resolutions before the House judiciary committee.

The bout first began some time ago when Secretary of the Interior Ickes set up a claim on behalf of the federal government to the mineral rights of lands submerged under tidewater and navigable streams.

He granted the beaches down to the tide-line as state property, but claimed for the federal government rights to oil or any other mineral rights to tidewater and submerged lands out to the three-mile limit.

First to contest the idea was California, but it soon became evident that any state with a strip of beach or a navigable river in its boundaries stood to lose.

Now 46 of the 48 states have allied themselves in the scrap. Alabama Cong. Frank Boykin is Alabama's strongest voice in the proceedings and author of one of the 18 resolutions. All of a pattern, the resolutions to go into hearings Monday purpose "to quiet the titles of the respective states and others to lands beneath tidewaters and lands beneath navigable waters within the boundaries of such states to prevent further clouding of such titles."

Oil is the immediate reason for Alabama's urgent interest in the settlement. The state has already leased Mobile Bay for oil exploration.

But actually the decision is more widely significant. For example, the mineral rights under the Warrior River in Jefferson County come under the titles being discussed.

Cong. Luther Patrick and other members of the delegation have combined forces for full weight behind the states' case.

Gessner McCorvey, of Mobile, coming as assistant to Alabama's attorney general, will be one of more than 40 states' representatives expected in Washington for the hearings which begin Monday morning.

NEW APPOINTMENT OF CONG. PATRICK to the important House subcommittee on securities was announced this week in Washington. Cong. Clarence Lee, of

California, is chairman of the House interstate and foreign commerce committee, of which Patrick is a member, and named the Alabamian to serve on this special subcommittee.

CULLMAN IS TO BE ALLOWED 20 new houses under the National Housing Agency's private building program, Director John Blandford notified Sen. Lister Hill's office.

To be built by private contractors, the houses include 15 for sale at \$6,500, top price limit, and five for rent at not more than \$55 a month.

Priorities will be granted through Wilbur Nolen, Birmingham, state director of the Federal Housing Administration.

IN WASHINGTON THIS WEEK, Cong. John Sparkman received assurance from Chester Bowles that the Colbert, Madison and Jackson County sugar crisis will be eased by redistribution as much as is possible under the national sugar shortage.

Bob Gwynn, of Birmingham, assistant to U. S. Atty. Jim C. Smith, was in Washington for a week. Once a page in the Senate several years, Gwynn was scheduled for a short call on President Truman, who knew Bob when he wore the page boys' black knickers.

Appendicitis Toll Is Heavier For Whites

Appendicitis proved fatal to six times as many white persons as negroes in Alabama during the month of September, according to provisional vital statistics reports made public Wednesday by the State Department of Health.

Of the 14 appendicitis deaths reported from all parts of the State during that 30-day period, 12 occurred among white persons and only two among negroes.

Health In The South

Alabama's health record is the best in the South, but, compared with that of the nation, still is bad. This is due almost entirely to the fact that this section, in comparison with other parts of the country, is poor, has been poor for many years, and its best efforts toward improvement of health conditions cannot be compared with those in wealthier areas.

These are among the facts brought out in a special health report made last week by the Southern Conference of Human Welfare. This report is part of a move to enlist the support of Southern congressmen for federal measures aimed at improvement of physical and economic conditions in this section. Among these measures are the Hill-Burton hospital bill and Senator Pepper's program for wide distribution of health services.

Statistics given in the conference report do not make nice reading for Southerners. They tell of the high percentage of men rejected for military service from the South; of the high death rate from pellagra, pneumonia, influenza and syphilis; of infant mortality and maternal deaths, all above the national averages.

The scarcity of physicians, dentists, nurses and technicians is another factor contributing to the health problem in the South. And while Alabama is one of the few Southern states with a health department in every county, these departments are in most cases pitifully understaffed. The report concludes that the South is poorly fed, poorly housed, poorly clothed.

Such an indictment, discouraging though it is, would be much more so were there not indications that definite steps have been and are being taken to improve these conditions. With the opening of the medical college here, the current campaign against venereal diseases and the possibility of federal aid in building more hospitals and widening health work generally, there is reason to hope that in the future health conditions, at least in Alabama, will be greatly improved. In addition to this, improved economic conditions should automatically lead to a larger and more efficient health program for Alabama.

URBAN AND RURAL HEALTH

To the Editor of The News:

The State Planning Board has recently published a 151-page quarto bulletin on "Health and Medical Care in Alabama," with many tables, maps and graphs. The gist of it is that health conditions could and should be improved by spending more money, especially on hospitals, and raising the standard of living of the people.

But, as usual in propaganda of this sort (which is not peculiar to Alabama), most of the tables and graphs tell nothing about racial differences and are therefore relatively meaningless; though there are plenty of statistics available to show that health conditions for

BIRMINGHAM, ALA.

NEWS

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What Negroes Are Doing

BY OSCAR W. ADAMS

The Health Department of the City of Birmingham in recent weeks has expressed itself definitely with respect to blighted areas and unsanitary conditions that exist in many sections where Negroes live. One such area was condemned. Such action is a strong step forward in improving health conditions in our city, and the citizens should be happy over the fact that we have a Health Department and a City Commission that show such an interest in security for all the people.

Health is the best and most lasting asset an individual, race or nation can possess. We can greatly improve conditions with respect to our health by keeping our homes and communities clean and free of destructive germs. It is far cheaper to pay for better housing than to be forced to pay doctors' bills and funeral expenses. Negroes are dying far too fast in Birmingham, and most of this mortality is due to carelessness, lack of proper sanitation and agencies that produce health and happiness.

We need more and better lighting, and proper ventilation of our homes. The matter of caring for the premises is largely in our hands. We should be quick to report to the proper authorities any unsanitary condition found in our communities. We should get out of alleys and stay out of them as a place to live. Low rents for shanties, shacks and hovels in the long run prove more expensive than the cost involved in living in decent places.

There is a great deal in the health situation that we can and must do for ourselves. Let's do something about it, and do it now.

both whites and Negroes in Alabama compare very favorably with the national averages for the same races. And little is said about differences between city and country, except to point out that the ratio of physicians and hospitals to population in our rural districts is deplorably low and decreasing, implying that rural health conditions are bad and in urgent need of attention.

It is true that country people who are seized with sudden illness or suffer severe accidents may die before medical aid can be obtained, while a city dweller under similar circumstances might be saved; but an urban environment also has its disadvantages in the matter of health. However, these disadvantages were formerly much greater than they are now. Fifty years ago many city streets were unpaved and dusty, stables bred flies, sewer

systems were incomplete, screens were little used, water and milk supplies were not above suspicion, and flies could carry disease germs from one family to another much more readily in the city than in the country. Consequently the infant mortality rate in cities was appalling, which gave them a high death rate and a low expectation of life.

The U. S. Census of 1890 throws some interesting light on this subject. Current registration of births and deaths was then confined to a few Northeastern states and some cities elsewhere, and records in other parts of the country were collected once in 10 years by census enumerators and of course were not as complete as they should have been. Put on the face of the returns the infant mortality in the registration cities (which included nearly one-fourth the population of the United States) was 280 per 1,000 births for whites and 416 for colored; and in the rest of the country, mostly rural, 76.3 for whites and 31.4 for colored. In Alabama at the same time the reported infant mortality was 87.5 for whites and 115.5 for Negroes, but in our three largest cities combined it was 240 and 420.

It is only in the last 10 years or so that urban infant mortality rates in the United States have come down to a par with rural rates. At the present time infectious diseases are pretty well controlled in cities and are less prevalent there than in the country. But chronic or degenerative disease, which medical science has not made much headway with yet, take their heaviest toll in cities, and the expectation of life in cities is still somewhat less than in rural districts, in spite of the fact that city people are generally more prosperous than country people (if they were not, there would not be a constant migration from

country to city except in times of depression), and they live within easy reach of doctors and hospitals.

In the urban population of the United States the expectation of life for white people increased from 46 years in 1901 to 59 in 1930, and in the rural white population at the same time from 54.5 to 64 years, and the difference between city and country must be still less now. (Data for Negroes in 1901 are lacking.) Some simple mortality statistics for the United States and Alabama in 1940 are as follows (the rates given are per 1,000):

U. S. white infant mortality, urban 45, rural 45.9; Alabama white 50.2 and 52.8. U. S. white death rate, urban 11.1, rural 9.5; Alabama white 10.1 and 8. U. S. colored infant mortality, urban 76.8, rural 73.4; Alabama colored 91.3 and 71.3. U. S. colored death rate, urban 15.6, rural 12.7; Alabama colored 16.4 and 12.8. (Data for later years are complicated by war conditions, but they should soon be normal again.)

Statistics show that deaths from heart disease, cancer, diabetes, appendicitis and suicide are more prevalent in cities than in rural districts, in the state and nation, among both races, while the reverse is true of influenza, pneumonia, malaria, pellagra and a few other diseases. The greater liability of city dwellers to chronic diseases, which affect chiefly middle-aged and old people, is due largely to the greater proportion of adults in cities (which is also an important cause of the greater per capita wealth there). But there seems to be also a selection of the stronger and weaker individuals that begins on the farm.

It has long been impossible for all the children born on farms to find employment there

University, Ala. ROLAND M. HARPER.

The Health Of The Negro

Atlanta Daily World
Dr. Louis I. Dublin, Statistician for the Metropolitan Life Insurance Company, using comparative data gathered from its company's policy files, finds that the outlook for the future of Negro health in this country is hopeful; that his life-span has steadily widened and that the race is physically well-organized and destined to improve with environmental opportunities and conditions. But there is still much to be desired in the way of health improvements. For example, taking the country as a whole, Dr. Dublin found: That in 1940, the standardized death rate of white persons was 8.2 per 1,000 of the population, while that of the colored was 14.0; that in 1930, the rural portion of the Registration States recorded an excess of the Negro over the white mortality of 81 per cent, while in the cities it was 95 per cent higher. *Atlanta, Ga.*

Looking specifically at data gathered from information furnished by the Company's Weekly Premium department, Dr. Dublin states: "At every age period, from infancy to old age, and for each sex, the death rate for colored is in excess for that of whites; that among infants the rate for colored males is approximately 35 per cent above that for whites, while for the females the difference is 50 per cent, and that from five years of age up to adolescence, the margin is 80 per cent excess for males and more than 100 per cent for females." *7-29-45*

In 1941, the latest year with rates available, he finds the leading causes of death among the Metropolitan Industrial policy holders as follows: "Chronic heart disease led among colored, with the death rate being 177.2 per 100,000, or almost one and ½ times that for the whites; that tuberculosis followed with a rate of 111.2, or more than three times that for the whites; that cerebral hemorrhage ranked third with a rate of 34.8, which doubles that for whites; that chronic nephritis, also doubles the whites, and that cancer ranked fifth among causes of death among Negroes, is slightly lower among them than among whites.

Dr. Dublin makes a point when he says that an improvement of the Negro's health to a point where it will compare favorably with whites, would wipe out many disabilities from which Negro suffer, improve their economic status, and stimulate their native abilities, as no other single factor. But we may be pardoned if we take exception to his conclusion, which gives the impression that the Negro is getting a full share of the benefits of sanitation and public health work in this country.

O'Connor Announces Appointment Of Three Negroes To Health Bd

co-ordinate activities of the American Red Cross in the health field has been announced by Basil O'Connor, national Red Cross Chairman.

The two men are William Rodrick Brown, Jr., M. D. of Pittsburgh, Pa., and John W. Chenault, M. D., of Tuskegee Ala. The woman

is Mrs. Marion B. Seymour, assistant director of nurses, Freedmen's Hospital, Washington, D. C.

The committee consists of 109 men

and women from 25 states and the District of Columbia representing every specialty in the field of health. In addition to physicians and nurses, dentists, health educators, medical and psychiatric social workers, hospital administrators, medical publicists, nutritionists, pediatricians, public health administrators, and sanitary engineers have been included. *12-15-45*

The new group was appointed as a result of a recommendation made by a Special Medical and Health Survey Committee which Mr. O'Connor named in October, 1944, to study Red Cross health programs and make recommendations. Chairman of the Board is Lewis H. Weed, M. D., of Baltimore, who is also chairman of the medical sciences division of the National Research Council and director, School of Medicine, Johns Hopkins University.

WASHINGTON, D. C. — The appointment of two Negro physicians and a Negro nurse to an Advisory Board on Health Services to



ATLANTA Constitution Staff Photo—Bill Mason

'FRESH AIR CAMP'—In these dilapidated tin shacks, located less than two blocks off Atlanta's famed Peachtree street, Sally Harris, aging Negro woman, provides a home for tuberculosis patients who are sent to her for medical attention. Sally knows very little about medicine, but she provides her patients with plenty of food and lots of fresh air. The "TB" shacks are the "annex" to the main building of the home.



ATLANTA Constitution Staff Photo—Bill Mason

'TOBACCO ROAD,' ATLANTA—There is nothing in Erskine Caldwell's famous novel which would parallel this scene which was taken just outside the heart of Atlanta's business district. Most of them afflicted with a variety of "incurable" ailments, these patients enjoy the health-giving rays of the sun on the back porch of Sally Harris' home for old colored people on Houston street. Sally's welfare work among people of her own race is supported largely by funds donated by Fulton county.

Sally Harris Furnishes Residence for Incurables

By PAUL JONES.

Sally Harris' home for the living dead stands within the shadow of the towering Candler building, and he's getting better," Sally said.

Thousands of busy Atlantans pass Sally's home each day, hurrying to their work. None of them ever heard of Sally, though, much less any of her 45 assorted patients who were given up for dead many months ago.

There's no sign outside Sally's place, and the city directory gives no clue that Sally conducts a "hospital" of her own fashion here. But its official name is "home for old colored people."

Sally conceived the idea several years ago of turning her home over to incurables of her own race, to provide a place for them to spend their last days in contentment and quiet.

COUNTY HELPS

The county, which subsidizes Sally has been threatening to do something about this "deplorable situation" for several years. During the last year, plans have begun to take shape for the setting up of a hospital authority to take care of the "incurables" of all races, but the county has acted slowly, and Sally saw there wasn't anything being done in any particular hurry.

Sally's place is not the best. In fact, it's "the worst example of its kind" in the country according to local medical authorities. But Sally loves all of her "chillun," as she lovingly refers to each of her aged and ailing patients, and her attention to each of her hopeless patients is very devoted.

Sally's place is one of the city's most glaring eye-sores. It's situated on Houston street, just below Piedmont avenue. And all of the city's many welfare organizations, which were questioned about the status of Sally's home said it was "terribly unsanitary" and "should be corrected immediately."

That's putting it mildly.

Quartered in the same room are patients with social diseases, cancer and a variety of almost every highly infectious disease known to medicine.

There are four to five patients in one room. Often mental cases are housed in the same room with patients with broken limbs or some dread disease.

TYPICAL PATIENT

Old Tom Carney, who forgot how old he was about 40 years ago, is a typical patient. He's been with Sally for about five years.

"When he came here, he couldn't move. He had a hole in his stomach and now it's done healed up

Estell Banks, who himself is a cancer patient, keeps all the records on the patients at Sally's home for the living dead. He goes to Grady hospital and gets the medicines, prescribed by a doctor who visits the patients each week.

Sally's tuberculosis patients are quartered in the back yard. In this "fresh air camp," the victims of tuberculosis, according to Sally's reasoning, are aided by the "plentiful fresh air," and good food, which she says she serves them.

Sally's kitchen is the one part of her home for the living dead that would pass any sort of sanitary inspection. But, if the sanitary inspector got a "whiff" of old "Billy," the goat which is tied outside the kitchen door; he wouldn't pass on this either.

GOAT PLAYS PART

But Sally has a purpose in the old goat. "We saw the trail of a snake out here two years ago, and so I got this old goat. I know no snake a gonna come where there's the smell of a goat."

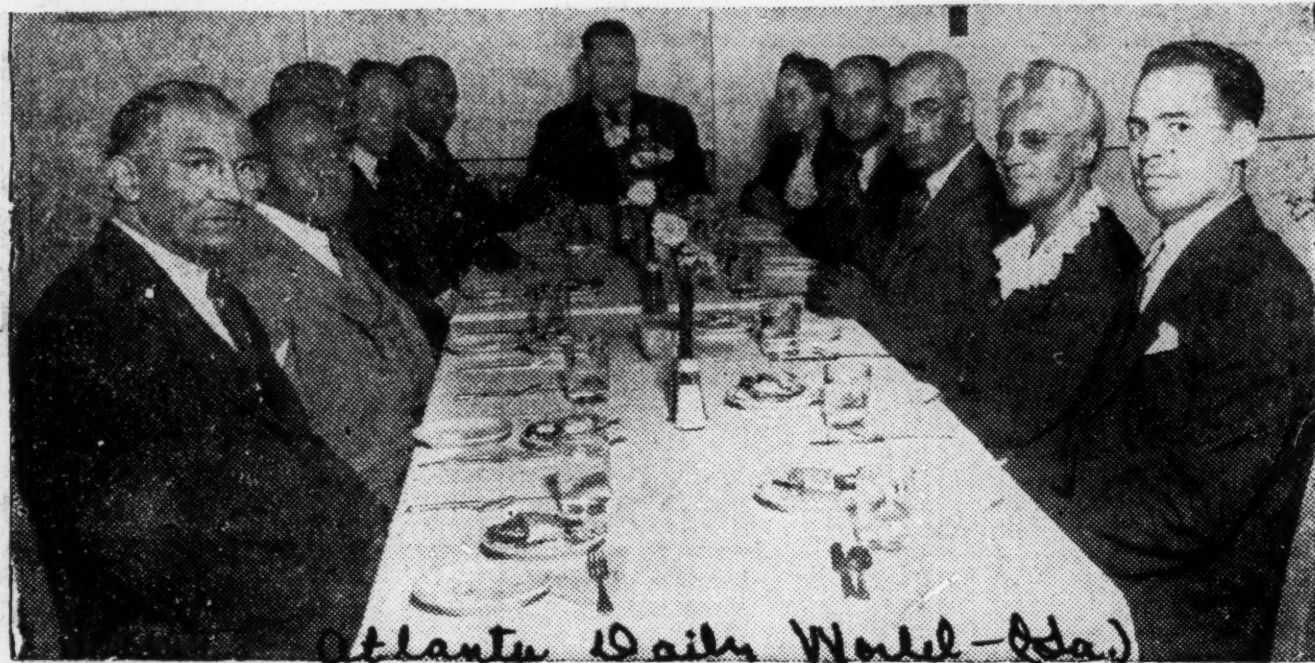
Sally's home is typical of several others which are operated on the same basis, by individuals, subsidised from county fund.

This problem has been under advisement of the county welfare board for a long, long time, but nothing has been done about it—yet.

Douglas Wood, administrator of the Fulton county welfare department said yesterday he appeared before the November-December grand jury in the interest of getting this "deplorable condition corrected."

The "hospital authority," which is being set up at the leisure of county authorities, will, when fully organized, have the authority to erect new buildings to care for such eye-sores as Sally's place.

But, until that time Sally will continue to care for "her chillun" in her own little way.



Atlanta Daily World - (Ga.)

N. C. COLLEGE HOST TO STUDENT HEALTH ASSOCIATION— Last week North Carolina College in Durham was host to the Executive Council of the National Student Health Association. This meeting was held to formulate plans to improve the health of students in Negro colleges.

10-27-46
The above photo shows the group

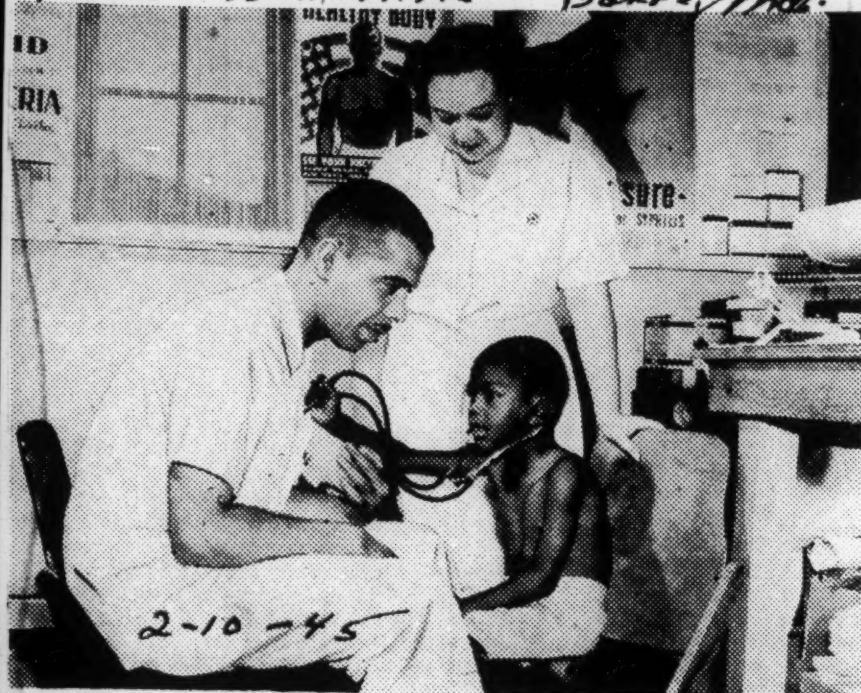
at a luncheon given in the faculty dining room of the college. Those in the picture reading from left to right are: Dean Albert L. Turner of the college, Leroy Swift, M. D., of N. C. College; Arthur P. Chippey, St. Augustine's College, Raleigh; Clarence W. Davis, Minor Teachers College, Washington, D. C.; Paul V. Cornely, M. D., Howard University; A. W. Dent, Dillard Univer-

sity, president of the organization; Mrs. Jennie Douglas Taylor, N. C. College, secretary; H. B. Crouch of Tennessee State College.

10-27-46
Michael J. Brent, Meharry Medical College, Nashville, Tenn., Treasurer; Mrs. Clara B. Hairston, West Virginia State College and Warren McKenna, Xavier University, New Orleans, La.

Phase of Rural Health Program

APRO - AMERICAN BALTIMORE



The doctor and nurse shown above prepare to examine a child at an agricultural workers' migratory labor camp clinic in New Jersey, formerly operated under its medical care plan by the Farm Security Administration and now managed by the Office of Labor of the War Food Administration. To prove the stethoscope won't hurt, the doctor lets the youth put it to his chest.

Rural Health Development to Be U.S. Post-War Aim

APRO - AMERICAN BALTIMORE

WASHINGTON — The States, together with the department, are attempting to solve the problem, not only by providing medical and dental services, which they hope to increase, using discarded Army and Navy equipment, but also by fostering health education.

Surveys have revealed that four million farm families are poorly housed, 850,000 rural homes lack toilet facilities, many counties have one colored physician for each 10,000 persons, and 1,400 counties have no full-time health department.

Moreover, in the South, the condition is admittedly worse for the rural colored families, who are 98 per cent of the country's total. Dentists are fewer, while hospital facilities are negligible.

Low Incomes Blamed

Recognized as causes of the situation are the facts that many are unable to afford medical care because of low incomes and others are prevented by distance from obtaining medical aid and hospitalization.

Under the existing FSA health service program, financial assistance is lent to enable persons to improve sanitation facilities and to promote co-operation between

Report On Health

For six years the Memphis and Shelby County Health Department won significant awards in the National Health Conservation Contest, conducted jointly by the United States Chamber of Commerce and the American Public Health Association. In 1939, the Memphis-Shelby unit took first place among cities between 250,000 and 500,000 population, and during the ensuing four years was placed on the honor roll, a distinction for communities attaining the highest standards in health work. *Tenn.*

Only recently the Memphis and Shelby County Health Department has issued its 1944 report, indicating a maintenance of those standards, even though the national rating has been discontinued for the duration of the war. The department, through Commissioner FRANCIS ANDREWS for the county, Mayor CHANDLER for the city, and Dr. L. M. GRAVES as health officer, operates under the philosophy that awards are only tokens, and that results in control of disease are the real objectives. *4-16-45*

The report points out that despite a slight increase in incidence of diphtheria and meningitis, no serious epidemics have occurred within the year. It goes on to disclose that no deaths from typhoid fever were reported, and that the year passed without a case of smallpox occurring in its jurisdiction. Many now living can remember when these diseases were ever-threatening scourges, and it is no wonder that the Memphis and Shelby County Department has attracted nationwide acclaim for its successes in these and other health fields.

Take the matter of malaria control, a project which has become almost a standard for adoption wherever Plasmodium vivax flows from man to mosquito and back to man.

This report indicates only one death per 100,000 population from malaria during 1944, a total rate of 0.3, a decline from 13.4 in 1933. *4-16-45*

Tuberculosis continues to be the leading killer, claiming a total of 199 lives for each 100,000 population, or a rate of 63.9. This rate is the average between white and negro mortality figures. It is among the negro people that tuberculosis still is the most ruthless of the killers, exacting its toll of 128 lives, with a rate of 96.4, for each 100,000 population among the negroes.

In the realm of maternal deaths and infant deaths (resident only), Memphis and Shelby County have made what may be the most significant strides in health

work in the last decade. Memphis was reported by the Bureau of the Census as having the highest infant mortality rate of any city of 100,000 or more population in the country in 1932. The maternal death rate was reduced in Shelby County from 13.4 in 1923 to 2.3 in 1944, and in the city from 6.9 to 3.1, or roughly cut in half. Likewise, infant deaths in the county were reduced from 77.1 in 1934 to 44.2 in 1944, and in the city from 89.5 to 41.0, again about halved. The national average of maternal death rates for 1942, the last year for which figures are immediately available, was 2.59, some higher than the Memphis and Shelby County figures, and the national infant mortality rate for 1943 was 39.9, not so much better than the Memphis and Shelby County figures. *4-16-45*

These are only a few aspects of progress in public health work by the Memphis and Shelby County organization. Much of the advance has been in educational work, against rats and typhus, against venereal diseases, an upsurge of which was to have been expected under wartime conditions, and against food and water contamination.

One of the significant parts of the program has been the dental health project. Memphis and Shelby County enjoy the reputation of having the oldest full-time free dental clinic for school children in the United States, operating since 1920.

Despite the rigors and hardships imposed by war, the Memphis and Shelby County Health Department has carried on, as shown by this latest report, and has made its own valuable contributions to victory, in addition to safeguarding the health and physical well-being of residents of the city and county.

32a-1945

BRYAN, TEXAS

EAGLE

Cl. D. 2215

JUL 9 - 1945

Texas

lieved, however, the matter is one meriting consideration and that if such a program is approved by the city commission that the locations suggested also be given consideration.

Comfort Stations

One of the projects which the City Development committee of the Bryan and Brazos County Chamber of Commerce has on its "must" list is the establishment of comfort stations for the convenience of shoppers and visitors to the Bryan business district. The committee, in considering this, as well as the improvement of City Hall park, has given some consideration to the erection in the park of a combined comfort station for whites and a band or speakers stand.

There are objections to the erection in the park of a comfort station, though not to the building of a band or speakers stand, since the park is well located for band concerts and public meetings, especially in political campaign seasons when traffic on Main street has often been held up by political meetings.

Since the only reason for erecting a comfort station would be to offer a convenience to those in the city for a short time, on business or pleasure, it should be located where it would serve the greatest number most conveniently so far as they were concerned.

For this reason it is a question if the City Hall park is the logical location, even if there were no other objection. The park is off the usual route of the great majority who would be served by such a facility.

It has been suggested, if the city is to establish these facilities, that a comfort station be erected for Negroes as well as for whites. As a matter of fact there is more need for this for the Negroes than for the whites, since the facilities now available for the Negroes are much more limited than for whites.

It has been suggested that if the city takes this step that consideration be given the south end of the block between Tabor and the Southern Pacific tracks and between 24th and 25th street. The location just north of 25th street would be convenient to the center of the business district and for the great majority of white shoppers who might have use for such a facility.

The comfort station for the Negroes might be located on city-owned property between Tabor and the S. P. tracks and just north of 22nd street. This would be convenient to that part of the business district in which a majority of the Negroes who come to shop, congregate.

Without any question Bryan stands in need of these facilities and they should not be made available to the whites unless it is possible to care for the needs of the Negroes. Whether the city is in financial condition to meet this expense and then to maintain the stations in a clean and sanitary condition, which would require the services of at least two persons on a full time basis, is a question which only city officials can answer. It is be-

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NORFOLK, VA.
LEDGER-DISPATCH

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JUL 13 1945

Virginia

the greater emphasis is upon the aggravated conditions in the South. Federal assistance may be necessary in some measure. But it is not primarily a federal problem. It is the problem of states, and Virginia shares with the rest of the South the responsibility for failure to take adequate steps to meet it.

Virginia's Bad Rural Health

An inquiry into rural health conditions in Virginia, ordered by the 1944 General Assembly, is being conducted by a committee of the Virginia Advisory Legislative Council. It has held three public hearings and will hold others in the process of gathering information on which to base recommendations for legislation. Its work is directed at alleviating a problem against which a determined attack is long overdue. The problem created by inadequate medical care in rural Virginia is a part of the general problem of the South. Studies by the Senate Committee on Wartime Health and Education and the North Carolina Commission on Hospital and Medical Care reveal that in 1944 (and there is little possibility of improvement since) 38.9 per cent of Southern counties had no health units. Only 49.6 per cent of the men called in the draft in the South have met the minimum physical requirements. The average for the rest of the country is 65 per cent. In 40 of Virginia's 100 counties last year there was in active service only one physician for each 3,000 population, though the accepted minimum ratio for safety is one doctor for each 1,000 potential patients. Virginia's shortage of dentists and nurses was comparable. There were only 3.1 hospital beds per 1,000 population against the minimum standard for safety of four beds for each 1,000.

The shortage of doctors is attributed, in the rural health studies, to the difficulties of rural practice, the relative small financial returns, the absence of modern hospital facilities and opportunities for research, and other causes related to the South's relatively low economic level. The special inadequacy of medical care among the South's nearly 10,000,000 Negroes—a companion to the inadequacy of educational and other facilities for people of this race in the South—has contributed to the South's bad statistical showing. There are about 5,000 Negroes for each Negro doctor in the South, and a corresponding shortage of other medical care facilities. But the Negro health problem can not be isolated from the general health problem. So long as the notorious neglect in this field continues, the South's health problem as a whole will reflect it.

Pending federal health legislation to implement local problems is designed to meet these problems in the entire country, but

Truman's Health Program Okayed

Measure Would Mean

Security for Workers

DOCTORS APPROVE

States' Rights Angle

Viewed as Dangerous

WASHINGTON. (NNPA)—Approval with reservations was generally given by outstanding colored members of the medical profession to the Wagner-Murray-Dingell bill to establish a national health program along the lines set forth by President Truman in his message to Congress on that subject.

Because the bill is complicated and comprehensive, colored leaders of the medical profession were unwilling to be quoted without detailed study of the measure.

In his message delivered to Congress on November 19, Mr. Truman referred to a message of Sept. 6, in which he enumerated certain economic rights which ought to be assured to every American citizen.

These included the rights "to adequate medical care and the opportunity to achieve and enjoy good health" and "to adequate protection from the economic fears" of sickness.

Health Security Needed

"Our new economic bill of rights," he said in his message of Nov. 19, "should mean health security for all, regardless of residence, station, or race—everywhere in the United States."

The Wagner-Murray-Dingell bill represents an effort to incorporate into legislation the intent of Mr. Truman's message.

One title of the bill authorizes grants-in-aid to the states for health services for which the Federal government already provides funds.

The provisions concerning grants-in-aid for the venereal disease and tuberculosis programs are the same as those in existing law, except that the present authorization of \$20,000,000 a year is replaced by an authorization to appropriate a sum sufficient to carry out the purposes.

Co-operate with States

Also covered in title I is a section relating to Federal co-operation with the States to provide health services for mothers and children.

Another section provides Federal grants to States for medical care to persons determined by

State agencies to be needy under a co-operative Federal-State plan of public assistance.

The grants for public health work, for maternal and child health services, and for medical care for needy persons would be on a variable basis so as to give the greater aid to the poorer States. These grants would range from 50 to 75 per cent of the total public funds expended under approved State programs.

Financing Left to Congress

Title II of the bill provides for a system of prepaid personal health service benefits. The method of financing the plan would be left to the appropriate House and Senate committees.

Criticism of the bill centers around race discrimination and segregation practiced chiefly in Southern States. The largest part of the total cost of the national health program would come from Federal funds but the State and local authorities would have almost absolute control.

Experience has shown that where such an arrangement is in effect, the local pattern in relations between the two races is followed. Moreover, the bill contains no provision against race discrimination and segregation.

In explaining the provisions of the bill Senator Wagner was careful to state that "doctors are guaranteed the right to accept or reject patients, and hospitals are guaranteed freedom to manage their affairs."

Could Reject Patients

Thus, the bill would permit a doctor or hospital to reject a patient because of race, color, religion, or national origin. Likewise hospitals could bar qualified doctors and nurses from their staffs or refuse internships to competent graduates of accredited schools, because of race, color, religion or national origin.

This defect in the Wagner-Murray-Dingell bill would not be cured by any anti-discrimination clause in the Hill-Burton hospital survey and construction bill.

The objectives of the Hill-Burton bill are twofold: (1) To assist the States to survey the needs for additional hospitals, health centers, and allied health facilities to serve all their people, and (2) to aid in the construction of public and nonprofit hospitals and health centers in accordance with these predetermined needs as shown in over-all State plans.

Regulations prescribed under the Hill-Burton bill would require that the State plan provide for adequate hospital facilities for the people of the State, without discrimination on account of race, creed, or color, and for adequate hospital facilities for indigent persons.

Must Give Assurance

Regulations may require that an applicant for an individual hospital construction project give

assurance to the State that it will serve all persons residing in the territorial area of the applicant. One medical authority, who was unwilling to be quoted until he had studied the measure further, said that the legislation would perpetuate race segregation.

"Only the Federal government, as I see it," he said, "has the power to effect an integrated arrangement; otherwise there will be the same old separatism."

Colored physicians, dentists, specialists and nurses also were seen losing ground after passage of the national health program bill. If colored personnel is not available to meet the requirements of the program, white personnel will be supplied and colored medical practitioners will lose a great deal of their practice.

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Bettering Of Negroes' Health Conditions Studied At Conference

living in this vicinity. It was built by WPA labor and the American Cast-Iron Pipe Company, with Sloss - Sheffield donating the grounds. The clinic is run by the Jefferson County Board of Health.

Ala. N.Y. Amsterdam News

Greater cooperation among Departments of Health, Education and Welfare must be brought about if Negroes in Birmingham are to have a satisfactory health education program and improved health conditions. This was the finding of a conference Monday and Tuesday at the Slossfield Health Center, with representatives from federal, state and local health organizations consultants.

Points brought out at the conference, sponsored by the Slossfield Clinic, and recommendations for a future program were presented by Health Education Specialist Louise Trigg, who is employed by the State Department of Health in Montgomery.

"Our purpose has been to point out health education needs and to consider future activities in Negro Birmingham," she said. "We have made these recommendations for improving our work:

"CHILD HEALTH CONFERENCES; an educational program; continuation of current programs in community education with particular emphasis on the block leader plan; regular staff meetings in clinics where patient problems can be discussed; training classes in health education for teachers."

Throughout the conference, emphasis was placed on unity of all civic groups, particularly welfare boards, health departments and education groups, in educating Negroes to take advantage of medical facilities offered to them.

In a talk on industrial hygiene Dr. C. B. Bray, medical director, American Cast-Iron Pipe Company, stated that "Industry must step out and pioneer in the field of public health, for labor is only as good as the community from which it comes."

James G. Faustina, specialist in health education with the U. S. Public Health Service, Washington, was a consultant.

DR. J. W. LEWIS, MEDICAL DIRECTOR of Slossfield, presided.

Speakers were Dr. R. C. Stewart, junior consultant, Slossfield maternity hospital; Mrs. M. J. Whitfield, senior public health nurse, Slossfield; Robert F. Coar, administrative assistant, Slossfield, and executive secretary, Birmingham Negro Tuberculosis Association; Mrs. Rose T. Brown, health worker for the Negro schools in Birmingham; Mrs. J. D. Dowling, Birmingham public schools health director; Miss Elizabeth LaForge, head of the Birmingham nursing division, Jefferson County Board of Health, and Dr. Bray.

The meeting was held at the Slossfield Community Center, which serves more than 50,000 Negroes

Improvement

Prisoners Serve as Guinea Pigs for Malaria Tests



Capt. C. Merrill Whorton of the army medical corps and Warden Joseph E. Regan (both seated) with Robert Davis (white coat), civilian assistant to Capt. Whorton, and a group of prisoners at Stateville prison who are undergoing tests in the army's fight against malaria.

[TRIBUNE Photos.]

MAJOR LOUIS R. MIDDLETON, well known local dentist, who was recently named to head the dental section of the United States-Liberia Health Commission under the general direction of Lt.-Col. John B. West, a former Health Officer of New York. Major Middleton was the special guest of the North Harlem Dental Society, of which he is a member, last Wednesday night at the installation dinner-ceremonies of the Society. He is believed to be on his way to his Liberian assignment which is likely to keep him in Africa for five years.

Mass Blood Tests Under Way in Ala.

BIRMINGHAM, Ala.—A mass blood-testing program to determine the presence of syphilis began here May 15 and will continue until June 30 for some 300,000 persons between the ages of 4 and 50.

Every person living in Alabama is required by State law to take such a test. According to Dr. George A. Denson, Jefferson County health officer, the treatment of syphilis with penicillin [which is used in Alabama] is completed in nine days and is painless.

This health program not only provides for blood testing, but also for free hospital facilities which have been set up by the U. S. Public Health Service.

400 RISK LIVES IN WAR ON JAPS AT STATE PRISON

Seek Malaria Cure Thru Tests on Convicts.

Requests by the government for volunteers who would submit to experiments by the board for the coordination of malarial studies to help win the war against Japan found a ready response at Stateville prison, Warden Joseph E. Ragen announced yesterday. About 400 convicts, or 10 per cent of the inmates, have been accepted and for some months have been taking new and strange drugs not heretofore used on humans, he said.

The experiment is described as part of a nation-wide search for a more effective weapon against the malaria parasite which has incapacitated many fighting men. The project thus far has consisted of studying the effect of certain drugs on the human system. Later the information gleaned is to be used in treating convicts who volunteer to be infected with malarial parasites thru the bites of live mosquitoes brought here from New Guinea.

U. of C. Conducting Tests

The tests are under the immediate supervision of the University of Chicago's department of medicine working under contract with the committee on medical research of the office of scientific research and development. The work is part of a national program under the direction of the board, which is a joint body with representation from the army, navy, United States public health service, office of scientific research and development, and the national research council.

In charge at Stateville prison are Captains Branch Craig Jr., Theodore N. Pullman, and C. Merrill Wharton, and Lt. Ralph Jones Jr., of the army.

The convicts get periodical doses of drugs of one kind or another, go about their routine tasks, and are under constant observation to determine what effects the drugs are having, Warden Ragen explained. The human guinea pigs are honor bound not to take any other medicine and have sworn they will not do anything that might interfere with the accuracy of the tests.

Seek Permanent Cure.

The need for a substitute for quinine became acute right after the

attack on Pearl Harbor and led to the plan of using volunteer convicts in the search. Atabrine, a synthetic compound, has proved to be more effective than natural quinine derived from the cinchona bark in suppressing symptoms of malaria, it was explained, but neither atabrine nor quinine provides a permanent cure for benign tertian malaria.

While no announcement has been made as to the results of the tests on convicts, it was understood the Illinois prison tests have been most satisfactory. Those who have taken the tests have volunteered to a man to go thru with the other part of the program—inoculation thru mosquito bites, Ragen said.

To date what has been sought is the reaction of the human system to various drugs which are to be used later in an effort to effect cures or prevent malaria. In the next step, the convicts and others will be infected by the same strain of malarial fever which severely handicapped our troops on Bataan and Corregidor, they were told.

Risk Lives Willingly.

"Say, Doc, when's the risky part start?" a convict was quoted as asking an army worker. "That's what I want."

No fatalities are expected in the course of the tests, Ragen was told, but the element of risk is always present, the medical men informed the volunteers. Instead of being deterred by the danger, Ragen said, the men were eager to run the risk because they believe that in doing so they are sharing in a measure what their friends and relatives are experiencing on the various battle fronts. They were told they may have recurring attacks of malaria unless one of the drugs studied should prove to have curative properties not possessed by quinine and atabrine.

Surgeon Gen. Norman T. Kirk of the army, who selected the men in



The prisoner's physical condition is watched by the army medical men. Capt. Whorton here is examining Alfred Holt.

charge at Stateville, said malaria constitutes the number 1 medical problem of the war. The outcome of the whole campaign in the tropics has hinged on the ability of the successful military commander to suppress the disease more effectively than his opponent could, Ragen was advised.

Would Be Potent Weapon.

"Despite control of 95 per cent of the world's supply of quinine, the Jap seems unable to treat malaria as effectively as our medical units do, and strategists have been quick to realize that the tropical scourge could be made a potent weapon against the enemy if a drug were found which completely protected allied troops," the warden's announcement stated.

"Thus an important part of the battle of the Pacific is being waged here by physicians and scientists seeking to find such a curative and protective drug. It is in this vital campaign that the Stateville prisoners have enlisted so wholeheartedly."

Many of the prison volunteers already are listed among the institution's blood donors, a group which has given nearly 5,000 pints to the Red Cross. To these it was explained that the malaria infection will make their blood unsuitable for future donations.

Others of the group are bond buyers and subscribers to other war fund drives. They want to do all they can to help win the war, Ragen said, and no rewards have been promised them.

The Rural Health Conference
The Atlanta Daily World, Atlanta, Georgia, 9-23-45
Convening at the Academy of Medicine to study problems and plans for conserving and developing human resources of Georgia, both technicians and lay leaders gathered on Thursday in an all-day session. The problem approached from the angle of nursing, hospital facilities, medical care, child care, farm security and community development revealed many startling facts.

Statistics showed that there are 54 Negro doctors serving 705,171 Negroes in rural Georgia, which gives approximately 13,058 patients per doctor. This data shows clearly that there is a scarcity of physicians in rural areas, which means that many persons are deprived of medical care.

It was also pointed out that poor housing, improper sanitary facilities, more doctors, more clinics and hospitals and better health education were needed in order to be assured of an improved health program in Georgia. These factors, along with low incomes, are the chief causes of illness.

More and more, leaders are seeing the value of inter-related living. Poverty naturally breeds illness, whereas proper income will insure the necessities for preserving health. Poorly constructed homes cause undue exposure, thereby causing many to have poor health. In like manner, areas affording clinics and hospitals offer the proper diagnosis and treatment, which in many instances lead to cure.

The war has wielded a decided effect on health. Physical examination of inductees revealed that health was at a low ebb. Plans are being made for the establishment of medical health programs throughout the nation. Much research will be done also, for new diseases discovered during the war will be studied so that prevention and cure may be set up for these diseases. Dr. Parran expressed the hope of seeing a great tropical disease center in Atlanta, which would be headquarters for this and other countries. We trust that this hope will be an early reality.

The problem of socialized medicine is still being debated, but if it is ever perfected it will be the answer to the poor man's health prayers. Medical care and hospitalization could be obtained for a nominal fee.

Polio Campaign To Begin Today

The twelfth annual appeal to fight infantile paralysis is sounded today is responding to that appeal will be Atlanta citizens, who are being counted on to support the project one hundred per cent.

The campaign period begins today and will end on January 31. For the drive to be the success it deserves to be, each of the 18 days of the appeal will require minute advance planning, intensive preparation, and effective execution, the chairman of the drive, C. A. Scott, editor and general manager of the Atlanta Daily World, and John H. Calhoun, well known realtor and businessman, stated Saturday.

In making the appeal for large contribution in this drive to launch a fight on the dreaded disease, the campaign directors stated that any child in any American home may be next victim of infantile paralysis, and added that there are 32,150,000 children in the United States under 15 years of age who are susceptible to the disease, and that the disease strikes not only whites, but children of all races, creeds and colors, and is one of the greatest menaces to humanity today.

Each of these children is a candidate for infantile paralysis this year. Any child of the thousands in America may wake up tomorrow or the next day or the next twisting and turning in their beds as they burn with fever and struggle to straighten spasm-drawn limbs. The day before their legs raced through a routine school day, perhaps a ballet lesson, a football game, a basketball game, and a dozen or more games in which they participated. But today those same legs are still because the dreaded disease—one of the best known of America's Public Enemies—has struck.

Their legs won't work. That is infantile paralysis. It picks victims from this wealthy home that tenement from farms, war production centers, children of our fighting men, small towns and large cities. All children are equally defenseless against this enemy. Regardless of what each child has known before, each one stricken by the crippling virus will know the same immediate pain, and suffering, the same fears of a dwarfed future. More children contracted infantile paralysis in 1944 than in any comparable period in many

recent years. But, because of the efforts of the thousands of the volunteer workers, each tragedy-hit child will have a chance for recovery through the complete scientific aid provided by The National Foundation for Infantile Paralysis.

Atlanta is a part of that national movement, and will play its part in raising the largest fund yet to fight the life sapping disease.

Several groups of organizations have agreed to sponsor the campaign for raising funds.

The Atlanta Pan Hellenic Council will assume responsibility for the Tag Day group and business solicitation, the Atlanta Musicians' Protective Association will manage the President's Birthday Bails, Rev. Wm. Holmes Borders is responsible for solicitations from churches. District 10, Boy Scouts of America will handle distribution. Negro Girl Scouts, Booker Washington High School and David T. Howard Junior High School will co-operate with the March of Dimes Tag Day.

The committee has been set up as follows: J. H. Calhoun, Jr., chairman, P. S. Cook, Rev. Wm. H. Borders, J. A. Batts, Ralph Robinson, Mrs. Mamie Cabiness, Q. V. Williamson, Mrs. Jeanette Payne, N. Cornell and Chas. L. Gideons.

**GIVES ALLOWANCE
TO MARCH OF DIMES**



Philippa Schuyler, 13-year-old concert pianist, appeals for support of the March of Dimes in

Infantile Paralysis

Celebration of the President's birthday. Miss Schuyler contributed one month's allowance to the March of Dimes. She is the daughter of Mr. and Mrs. George Schuyler of New York City. Her father is the well-known author, columnist, and lecturer.

**AFRO-AMERICAN
Theatres to Aid in
March of Dimes Rally**

NEW YORK—Colored theatres throughout the nation will participate in the 1945 March of Dimes in celebration of the President's birthday. The observance opens Sunday night.

Eddie (Rochester) Anderson will participate in a series of three benefits to be held in New York, Philadelphia and Boston.

**Warm Springs
Treating All
Polio Victims**

Atlantic City, (ANP)—Negro infantile paralysis victims are now being treated at the celebrated infantile Paralysis hospital at Warm Springs, Ga., made internationally famous by the late President Franklin Delano Roosevelt.

That statement came last week from Charles Bynum, director of Negro activities of the National Foundation of Infantile paralysis, New York during the annual meeting of the board of trustees and officers of the National Medical association here. He described his polio agency as a directive which consists of nearly 3,000 chapters, coordinative and unifying organization.

At national level, the program includes epidemic aid, education and research, he said. At local level, the program is medical care. Aid is given to victims without regard to race, creed, color or age.

"Negroes are admitted to the Warm Springs hospital, he informed the NMA.

The board of trustees and NMA officers outlined a plan to improve medical facilities for veterans as well as a better health crusade, which will not overlap the work of the Public

Health service. U. S. Childrens bureau, hospital administration medical colleges and social agencies.

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The NMA will hold its next annual convention in Louisville, according to its president, Dr. E. I. Robinson, of Los Angeles.

MRS. THELMA BERLACK BOOZER, newspaper woman and columnist, has been appointed to the National Foundation for Infantile Paralysis. Charles H. Bynum, director of Negro activities, announced last week. A member of the New York University chapter of Beta Gamma Sigma, national honor society for students of commerce, Mrs. Boozer will do special work in the department of information at national headquarters, New York City. She is affiliated with the American Newspaper Guild, the American Association of Teachers of Journalism, the Gothamettes and Les Seize Club, Inc.

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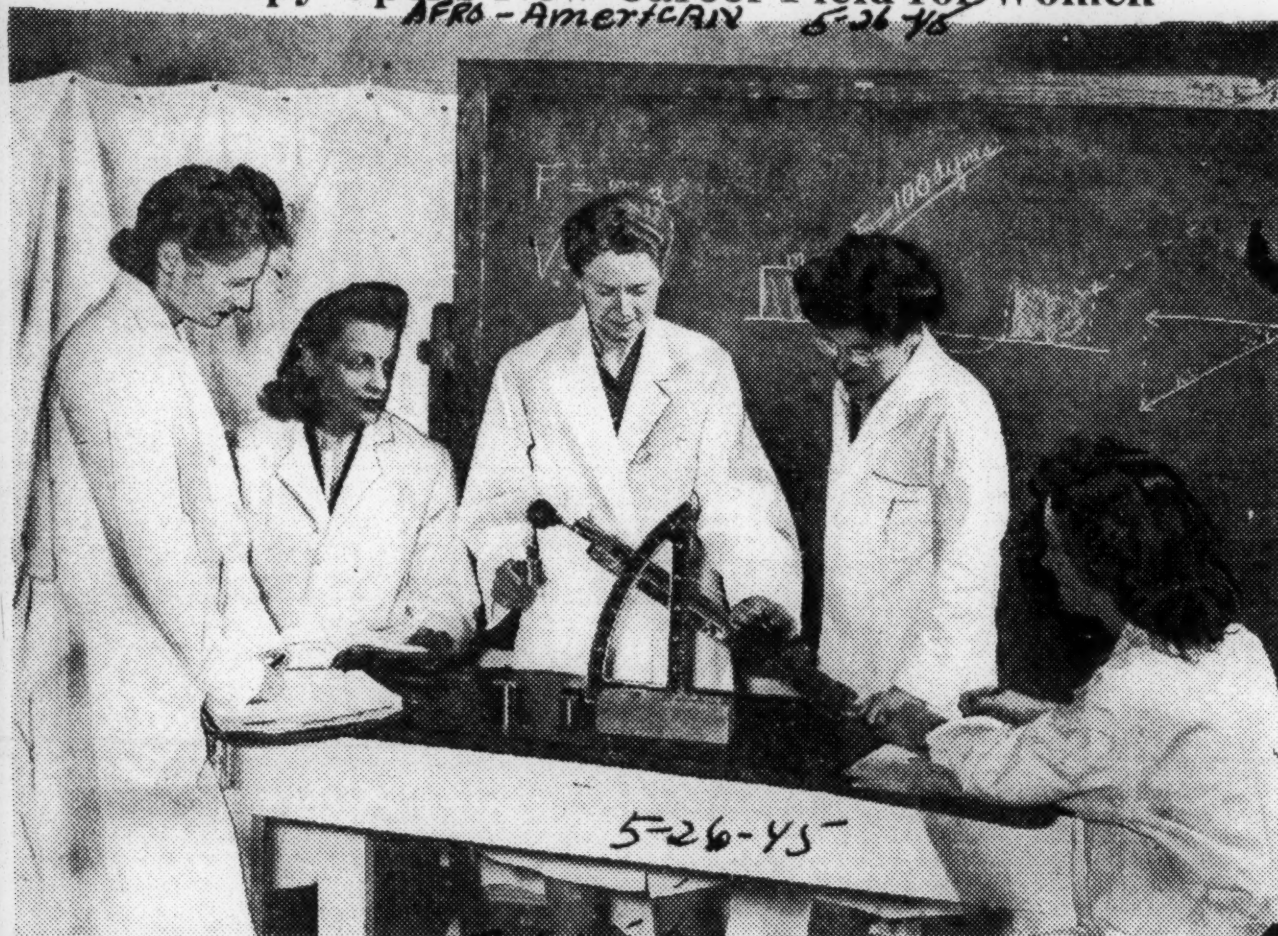
Physical Therapy

Nat'l Foundation for Infantile Paralysis

Therapy Opens New Career Field for Women

APRS - AMERICAN

5-26-45



Miss Rose Elizabeth Campbell, second from left, has been awarded a scholarship in physical therapy by the National Foundation for Infantile Paralysis. She will complete her 12 months' study in September. Miss Campbell is a member of the Campbell family of Tuskegee Institute, Ala., and holds the master of arts degree in physical education from the University of Wisconsin. Those interested in scholarships in physical therapy should write to the National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N.Y. Funds for scholarships are provided by contributions to the Annual March of Dimes.

32d-1945

Sparks Acts Promptly

Early relief for the situation at Ketona is indicated by the promise of Governor Sparks to do what he can to effect the transfer of mental patients there to state hospitals for the insane. The governor acted upon presentation of the fact that the overcrowded conditions at the Jefferson County home were in large part to be blamed upon the presence there of more than 30 mental or nervous cases for the care of which the state is responsible.

Birmingham News
The governor's promise was conditional upon whether state hospitals in their own crowded circumstances can find room for the Jefferson County patients. It was also limited by the fact that he barred from the offer of help those Ketona inmates who are suffering "chiefly from senility."

In the past, however, it has been the practice of the Alabama state hospitals to accept patients suffering from senile psychoses, even when there were no complications. For example, during the year ending Sept. 30, 1942, when the hospitals were already being taxed, the Bryce Hospital at Tuscaloosa admitted 50 patients who were classified as suffering from simple deterioration due to age. At the Searcy Hospital, for Negroes, 29 patients were admitted with simple senile deterioration.

6-16-45
The county can be grateful to Governor Sparks for the interest he has manifested in the matter and for his prompt action to alleviate the present situation. The long-range problem still awaits solution by the Legislature and the governor.

State Hospitals for the Insane Ala.

Life Expectancy Differentials Of White And Colored Pointed Out

Norfolk, Va.

WASHINGTON, D. C.—In testimony March 23 supporting the principle of the bill (S.191) to amend the public Health Service Act, Dr. Louis T. Wright, NAACP board member told the Senate Education & Labor Committee that because of the inequitable manner in which certain states allocated their own general funds under the present system, clinical and hospital care for Negroes is practically non-existent.

In support of his stand for an amendment to insure medical assistance to Negro patients and protect Negro members of the medical profession, Dr. Wright declared that a white person who is ill has 14 times a better chance of recovering than a Negro. He said that the Negro suffers more from all sorts of diseases than whites as a direct result of wide differentials between amounts spent by the states on public health. Current figures, he pointed out, "show that infant mortality is 69 percent higher than for whites; that a Negro child has an average life expectancy of only 53 years in contrast to white child who can look forward to 65."

LAMES DISCRIMINATION

Dr. Wright explained, from a medical standpoint, these differentials had nothing to do with the Negro's susceptibility to disease, but rather shows the combined impact of discrimination in economic life and in obtaining medical assistance. He used as example, Mississippi, where despite a Negro population of 1,074,577 there were only 0.7 beds per thousand for Negroes in 1938 and a few as 75 set aside for over a million Negroes in 1940-42.

STATUS OF PROFESSION

The status of Negro physician, technicians and nurses was also attached. In 1944, Wright charged there were 3,500 physicians in private practice and 7,500 nurses. Because of race discrimination a qualified Negro physician is denied staff and in-patient privileges practically every non-Negro hospital in the United States.

In southern areas, Wright declared the result of such prejudices is an indifference bordering on criminal neglect in the attitude of white physicians toward Negro patients. The amendment to the bill proposed to relieve racial inequalities in medical assistance.

25 Homicide Victims

In March, 20 Negroes
Montgomery Advertiser

Four-fifths of all the victims of homicide occurring in this State during March were negroes, according to provisional vital statistics reports made public Friday by the State Department of Health.

Twenty-five homicides were reported during the month, and of this total only five involved white people.

In making public these reports, the State Department of Health pointed out that the comparatively large number of negro victims of homicide did not extend to suicide. Only one of the 16 suicides reported in March involved a negro, it explained.

High Death Rate Of Area Giving Liberals Concern

One-half the Southern young men examined before draft boards were rejected as unfit for military service. Mississippi, where despite a Negro population of 1,074,577 there were only 0.7 beds per thousand for Negroes in 1938 and a few as 75 set aside for over a million Negroes in 1940-42.

Death rates in the South for tuberculosis, malaria, pellagra, influenza, pneumonia and venereal disease tower above those of the nation.

Only half as many hospital beds are available for 1000 persons in the South as in the rest of the country.

In fifteen Southern counties in 1944, there were over 10,000 people per active physician.

Negro life expectancy averages ten years shorter than whites. These are but a few of the startling facts to be found in the May issue of the Southern Patriot published by the Southern Conference from Human Welfare in Nashville, which evaluates the South's state of health and offers a diagnosis and a cure.

One of the most tragic symptoms of unnecessary death, misery and ill health is the material mortality rate. Out of every 10,000 mothers, 36 in the South die in childbirth.

Mortality Rates

compared to only 22 in the non-Southern states. A chart entitled, "Where Our Babies Are Born" points to the reason: in the South, 33 per cent of the babies were born in a hospital under doctors care, compared to 76 per cent outside the South. 43 per cent were born in Southern homes under doctors care, while 21.6 were born in Northern homes; and 22.8 per cent of the Southern mothers in childbirth had only the aid of midwives, compared to 1.5 per cent outside the South.

Poor People, Poor Health
The South's poverty is the basic cause of its ill health, diagnoses the Patriot. Southern people are sick because they are poorly paid, poorly fed, clad and housed, unable to afford medical care. Their poor communities are unable to afford medical facilities, and doctors cannot afford to practice where there are no modern hospitals, assured incomes or opportunities for research. These facts are particularly true of Southern rural areas.

Federal Aid Needed
Southern states spend as much

per capita for health services as most of the other states in the nation, the Patriot points out. Yet this allotment is totally inadequate to meet the desperate health needs. And the states cannot afford to allocate more money, since Southern states don't have the wealth. Long years of domination by outside financial interests have drained the South's financial resources, so that in 1935, asserted value of taxable property in the South averaged only \$463 per person, while in nine northeastern states it amounted to \$1370. The Patriot concludes that only outside assistance, in the form of federal aid, can meet the acute need.

Great progress has been made in lowering death rates for many diseases and in bringing medical care to many new thousands, according to the Patriot, which points to the expanded public health service, the medical care program of the Farm Security Administration, the health and safety program of the Tennessee Valley Authority, and the federal Emergency Maternal and Infant Care program. But these have only touched the surface.

Prescriptions
The first need, according to Florida Senator Claude Pepper's

Committee on Wartime Health and Education is a hospital and health center planning and construction program to cover the whole nation, embodied in legislation introduced by Senator Lester Hill of Alabama. This Hill-Burton Bill, S.191, authorizes federal aid to the states to survey, plan and build a coordinated network of small neighborhood and community health centers, rural and district hospitals, around a large base hospital and research center.

But facilities alone, urgent though they are, are not enough. The Patriot points out that the people must be able to afford to use them. The average cost of good medical care today is about \$150 per family per year, more than the average family, particular in the South, can meet. The only solution is a method of payment by which the risk can be distributed among a substantial proportion of the people and the costs distributed over a long period of time. Many feel that an extension of social security benefits to include complete medical care as proposed in the Murray-Wagner-Dingell bill is the answer. The Patriot calls for planning in the communities and states and points to the splendid example of North Carolina, where the Governor's Commission on Hospital and Medical care, after an exhaustive survey of the states health program, recommended to the legislature: The expansion of the state medical school, a large appropriation to aid counties to build new hospitals, expansion of the state public health program, and hospital aid for low income groups.

Our goal, says the Patriot, must be to secure what Franklin D. Roosevelt outlined in his Economic Bill of Rights:

"The right to adequate medical care and the opportunity to achieve and enjoy good health"—for every person in the South, regardless of where he may live, regardless of his ability to pay, regardless of his color.

The South needs the full strength of all its citizens in the days ahead—in the fight to build a happy, prosperous and democratic South, in a peaceful and secure family of nations.

Readers of the Globe may obtain free copies of the special "Good Health" Issue of the Southern Patriot by writing to 506 Presbyterian Building, Nashville, Tenn.

ANDERSON, S. C.
INDEPENDENT
Cir. D. 5,680 — S. 5,793

JUN 4 - 1945

People Of The South Have Better Health

Statistics have a way of getting twisted around and giving the wrong impression. That is the case in any discussion of whether the South is less healthful than the North, or more unhealthy, whichever the point of view may be.

Vital statistics on the South do show a higher death rate than the north, but when the rates are broken down into races, the South's position is favorable.

As a matter of fact, *The Independent* is informed, the death rate for white persons in the South is lower than the death rate for white persons in the North.

Likewise, the death rate for Negroes is lower in the South than in the North. The Negro death rate, however, both South and North, is much higher than that of white people, and it follows that the fact that a much larger percentage of Negroes is found in the South gives this area a higher death rate for all races.

Race for race, it develops, the people of the South live longer than those of the North. Those are good facts to keep in mind whenever comparative rates appear to show this section to a disadvantage.

Negro Mortality 40 Per Cent Higher Than White Deaths

Need Physicians Mortality of Negroes High

WASHINGTON.—(ANP)—The death rate among Negroes is 30 to 40 per cent higher than among white persons, and Negro life expectancy is 10 to 12 years shorter. These were among the shocking facts on health conditions among the Negro people given in an address by Dr. Paul B. Cornely of Howard University to delegates of the International Workers order at a conference on social security and health held in Washington last week.

Other facts revealed by Dr. Cornely are that:

1. Twice as many Negroes die of pneumonia and influenza than whites.
2. The number of Negro physicians has decreased by five per cent in the nation although the total number of physicians in the United States as a whole has increased 12 per cent. Though a ratio of one doctor for over 1,500 persons is considered essential to safeguard health, in a state like Mississippi there is one Negro doctor for every 18,527 Negro persons, and in South Carolina the ratio is one to 12,512.
3. In 1942, 45.7 per cent of Negro live births were delivered by midwives compared to only 2.2 per cent for white mothers.

While dealing particularly with the deplorable conditions among the Negro people, the physician pointed out that "Negro health problems may be considered as merely exaggerations of the picture of the community as a whole."

Passage of the Wagner-Murray-Dingell National Health Act (S-1606) and the Social Security Bill (S-1050), said Dr. Cornely to the conference, convened to mobilize support for these measures, "will do much to improve the health status of every citizen of the United States."

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DOCTORS DECREASE

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NEGRO MORTALITY 30 TO 40 PER CENT HIGHER THAN WHITE, REPORTS DR. P. B. CORNELLY

(By The Associated Negro Press)

Washington, D. C., Dec. 12.—The death rate among Negroes is 30 to 40 per cent higher than among white persons and Negro life expectancy is 10 to 12 years shorter. These were among the shocking facts on health conditions among the Negro people given in an address by Dr. Paul B. Cornely of Howard University to delegates of the International Workers Order at a conference on social security and health held in Washington last week.

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32f-1945

Nation's Best T.B. Essay Writer

The Afro-American Baltimore

Tuberculosis

Bill Robinson Aids Ticket Sales For Benefit Grid Fray

11-30-45

Bill Robinson, famed Negro tap dancer of stage and screen, made a personal appearance at Parker High School yesterday in behalf of the benefit Negro football game at Legion Field Monday night between Parker and Fairfield.

Robinson purchased 200 tickets himself and presented them to a Parker choral group which he heard while at the school.

All proceeds from the game Monday night will go to the Birmingham Negro Health and Tuberculosis Association.



Mrs. Christine J. Dillard, Va. State College student, is shown receiving gold medal and \$100 cash from Miss Leslie Foster, right, executive secretary of the Va. Tuberculosis Association. Mrs. Dillard's essay won first prize in national contest which was open to all college students.

11-10-45

32f-1945

X-Ray Unit Will Visit Negro Schools

Approximately 714 students and 21 teachers of five rural Negro schools will be offered X-Ray treatment April 4, when a mobile X-ray unit will be brought to Virginia Randolph School on Mountain Road by the Henrico Tuberculosis Association in co-operation with Henrico County Education and Health Departments. Students and teachers of Union School, Broad Street Road, Quiacon School, Quiacon Road, Springfield School, Springfield Road, Coal Pit School and Randolph School on Mountain Road, will be examined at the first X-ray clinic to be held at rural Negro schools in Henrico County.

"The clinic is one phase of the county health education program," Mrs. Nina Ramsey Jeter, County Tuberculosis Association nurse, and chairman of the clinic, said last night. "In addition to students and teachers we also hope to examine school bus drivers and cafeteria employees."

Mrs. Jeter, who will direct the clinic, will be assisted by three county nurses, Miss Evelyn Tompkins, Mrs. Grace Carlton and Nurse Frederica Beale, of the Negro Auxiliary Tuberculosis Association. Members of the Negro auxiliary, as well as volunteers from the county association will be on duty, Mrs. Jeter said.

"In order that we might acquaint parents with our program committees at all county churches have been appointed to distribute educational pamphlets, among the congregations," Mrs. Jeter explained.

H. M. Ratcliffe is president of the Henrico County Tuberculosis Association, while C. K. Holsinger, county superintendent of schools, is chairman of the entire program. Tazewell Ellett, secretary of Henrico County Zoning Board of Appeals, has been appointed chairman of transportation committee, with the task of furnishing students transportation to and from Randolph School.

Survey Shows Negroes Easily Susceptible To TB

MONTGOMERY, Ala.—(AP)—Alabama's tuberculosis mortality rate for December, 1944, indicates members of the Negro race have a "particular susceptibility" to the disease, says the State Health Department.

During the month, 88 persons in the state died of tuberculosis and 49 of them—nearly three-fifths of the total—were Negroes. Members of the race constitute only 36 per cent of the state's population.

In another report released Monday, the department said 171 pneumonia deaths were recorded in December, against 122 for November.

TUBERCULOSIS RISE FEARED BY FISHBEIN

Editor, at Denver Hospital's
46th Anniversary Dinner,
Urges Continued Vigilance

The threat of tuberculosis will increase as a result of the war, necessitating expansion of hospital facilities and continued vigilance against the disease, Dr. Morris Fishbein, editor of the Journal of the American Medical Association, said last night at the Waldorf-Astoria Hotel.

In an address to 2,500 persons celebrating the forty-sixth anniversary of the National Jewish Hospital at Denver, Dr. Fishbein declared that while present institutions are inadequate, they are better than veterans hospitals, which, he said, "at their best, compare unfavorably with the care that is given in other public and practically all and private sanatoriums."

"As a result of the war," Dr. Fishbein said, "the sanatorium facilities of the United States have been pushed to the utmost. In the face of a threat of an increase in tuberculosis we must realize that the discovery of thousands or even millions of cases still in the early stage will not necessarily stop the course of the disease."

The menace of tuberculosis will increase, he said, "unless these patients are given care and treatment sufficient to stop the disease or at least to prevent its spread to others."

Urges Hospital to Expand

Praising the Denver institution for keeping abreast with the advancement of scientific medicine, Dr. Fishbein recommended that the hospital double its present capacity, which now treats 1,000

Tuberculosis

tuberculosis victims annually without charge and without regard to race or creed. He pointed out that the hospital's studies on the tuberculosis test, its investigations on antibiotic remedies and new drugs "are even today receiving national recognition."

On the problem of the tuberculosis veteran, which "has been fully ventilated in recent articles in widely read periodicals," Dr. Fishbein said that "many a veteran leaves the veterans hospital with communicable tuberculosis and returns to a civilian community where he becomes a menace to all who are near him."

In veterans hospitals, he said, 2.3 per cent, or one out of every forty-three have been discharged as arrested cases. In other public and private sanatoriums the record is at least 25 per cent discharged as arrested cases, he noted.

While the disease has increased in Europe, it is still a factor here, Dr. Fishbein warned. Among Negroes here, he pointed out, the tuberculosis death rate is three and one-half times that among whites, and among Spanish-speaking peoples and Indians the rate is several times higher than that of the general population. In our country about 55,000 persons a year die from the disease mostly in the 15 to 45 age group.

Industry Demands X-Ray Tests

The war has served to focus attention of industry on the menace of tuberculosis to the industrial worker, he said, and more and more industries are requiring X-Ray examination of the chest as an integral part of an examination before employment. Since Pearl Harbor almost 750,000 war workers and their families have been X-rayed, he added.

The National Jewish Hospital should double its present capacity from 250 to 500 beds, Dr. Fishbein recommended, and also expand its facilities for research.

Charles P. Taft, director of war-time economic affairs of the State Department, told the gathering of the economic problems confronting America with the defeat of Germany, and reviewed the State Department's post-war economic program in terms of the Bretton Woods and San Francisco Conferences.

John P. Stevens Jr., State director of the payroll savings division of the Treasury Department and executive chairman of the Red Cross campaign, was guest of honor. He received a plaque in recognition of his leadership and concern with the "plight of the tuberculous poor of all faiths."

TUBERCULOSIS HELD MAIN HARLEM PERIL

Economic Condition Also Is
Called the Chief Factor in
Venereal Disease

The City-wide Citizens Committee on Harlem reported yesterday that tuberculosis is "still the greatest health problem" in that community, but that venereal disease there cannot be overcome by any amount of medical service "unless the overall economic condition is bettered."

Even with a drop in the tuberculosis mortality rate in the area over the last five years, death from the disease in Harlem continues "way in excess of New York City's rates as a whole," it was said in the report prepared by a sub-committee on health and hospitals, headed by Dr. George D. Cannon and Wolfgang S. Schwabacher.

The sub-committee revealed, however, that Dr. Herbert R. Edwards, director of the Bureau of Tuberculosis of the Department of Hospitals, had given assurance "that there would be shortly inaugurated for the city as a whole a much more intensive screening for the discovery of active tuberculosis cases, employing the newest methods and devices, such as the mobile X-ray units, in cooperation with the U. S. Department of Health." It was said "special emphasis" would be given in such areas as Harlem where the incidence of the disease is "unusually high."

No Improvement Since 1942

With regard to venereal disease, the sub-committee reported there had been no improvement in medical treatment since it had handed up its last report in 1942. It specifically recommended that a 100-bed venereal disease unit be created in Harlem Hospital for the "quick treatment" of syphilis and gonorrhea.

Such a course was urged on the ground that the long waiting list at Bellevue Hospital and the inconvenience of reaching this institution from Harlem discouraged many from going there for treatment.

A major advantage to be gained from opening such a unit in Harlem, the report added, would be that Negro physicians in a short time could master new techniques of treatment and apply this knowledge not only in the hospitals but also in private practice.

The committee reported that it had played an "important part" in the formation of the Harlem Council on Social Hygiene which has

been set up to combat venereal disease in the community. This council is planning a sizeable educational campaign in the district with a professional staff to direct the work.

Progress in Fighting Cancer

It was said "real progress" had been made in fighting cancer, largely by setting up the Little Red Door Cancer Information Center with attendant services in the Harlem area. Two Negro doctors have been named to the advisory council of the New York City Cancer Committee and are now helping keep Harlem physicians informed of important medical developments in the field. Steps were also taken to extend the work of the Women's Field Army to Harlem. A branch of the City Cancer Committee was established there with outstanding Negro doctors supervising.

The committee announced that it is attempting to accelerate the integration of Negro physicians, technicians, nurses and medical personnel both in municipal and voluntary hospitals "since the need for medical care 'still hopelessly exceeds available facilities.'"

The report was one of five that the City-wide Citizens Committee on Harlem has issued this week in conjunction with observance of "City-wide Harlem Week." Other reports have been on housing, employment, education and recreation, and crime and delinquency in the community.

Free X-Rays For Negroes

The Queensboro Tuberculosis and Health Assn. plans next Fall to make available to all Negroes in Queens over the age of 15 free chest X-ray examinations, as part of what it describes as "one of the largest tuberculosis case-finding surveys ever undertaken in the borough."

Announcement of the plan was made yesterday by Charles A. Frank, executive director of the Association, at a meeting in Lost Battalion Hall, 93-29 Queens Blvd., Elmhurst, at which Negro problems were discussed.

The meeting heard Rep. Adam Clayton Powell, Jr., (D., N. Y.) declare that Negroes insist on complete equality—political, economic, educational, religious, and social—and that they will not be satisfied with less.

"The Negro," Powell said, "doesn't want partial equality. He does not want political and economic equality only. He wants the whole business, and this is as it should be."

PEOPLE still dying in large numbers from tuberculosis, malaria, pellagra, influenza, pneumonia and venereal disease, whole counties with no doctors, more counties with only one doctor for more than 10,000 people, thousands of mothers and babies dying in childbirth, half of its young men rejected as unfit for military service—this is the case history of the south, USA, 1945.

Revealing a startling picture of sickness and primitive medical facilities that makes this large section of the world's richest nation sound like an impoverished colony of a backward country, facts and figures on health in the south were released by the Southern Conference for Human Welfare in a good health issue of *The Southern Patriot*. The study discloses that:

- One out of every two southern young men was unable to meet the minimum physical and mental requirements for military service.

- Death rates in the south for tuberculosis, malaria, pellagra, influenza, pneumonia and venereal diseases tower above those of the nation. More than two million are infected annually with malaria, which is estimated to have reduced the industrial output of the south by one-third.

- Only half as many hospital beds are available per 1,000 persons in the south as in the rest of the country.

- In 15 southern counties in 1944 there were more than 10,000 people per active physician. In 15 counties there were no active physicians whatever. In 78 counties there were 5,000 to 10,000 people per doctor. Minimum ratio for safety is one doctor per 1,000 people.

- Negro life expectancy averages 10 years shorter than white.

- Out of every 10,000 mothers, 36 in the south die in childbirth, compared to only 22 in the non-southern states.

THE south's poverty is the basic cause of its ill health, diagnoses the *Patriot*. Southern people are sick because they are

poorly paid, ill-fed, ill-clad and ill-housed. Their poor communities are unable to afford medical facilities and doctors cannot afford to practice where there are no modern hospitals, assured incomes or opportunities for research. Southern states spend as much per capita for health services as most of the other states in the nation, but this cannot begin to meet their desperate health needs, the *Patriot* points out.

Only outside assistance, in the form of federal aid, can meet the acute need, the *Patriot* concludes. Cure for the south's disease would be a hospital and health center planning and construction program to cover the whole nation, authorizing federal aid to the states to build a network of community health centers, rural and district hospitals, around a large base hospital and research center.

But facilities alone, urgent as they are, are not enough, the *Patriot* says. People must be able to afford to use them. The average cost of good medical care today is about \$150 per family per year, much more than the average family in the south can afford. An extension of social security benefits to include complete medical care as proposed in the Murray-Wagner-Dingell bill is the answer, it says.

County Tuberculosis Death Rate Below State

Total 1944 death rate from tuberculosis in Union County was 30.2 per 100,000 population, as compared with 44.1 for New Jersey, it was announced recently by Union County Tuberculosis League Inc.

Negro death rate in the county was 137.1; for the state, 174.9. White death rate was 23.3; for the state, 36.6. Fatality rate for the county was 108.0 for the Negro population, and 43.9 for the white residents.

Total case rate for the county was 57.5 and for the state, 83.4. Total cases per death for the county were 1.9. All case rates and death rates are figured per 100,000 population.

WOULD MOVE NEGRO UNIT

Solons Laud Alto Set-Up, Favor \$205,000 Grant

6-16-45 By M. L. ST. JOHN. G2.

The senate-house investigating committee has high praise for the new administration at Alto, and has recommended immediate expenditure of \$205,000 to bring the state tuberculosis sanatorium up to its maximum capacity and efficiency.

Just a few months after the 1945 legislature criticized the manner in which Alto was being operated, the general assembly's probing committee found that the new superintendent, Dr. Rufus Payne, is making "impressive progress and has a very comprehensive plan for future development."

The legislators joined the recent scientific survey of the United States Public Health Service in recommending that the institution for Negro tuberculosis patients be separated from Alto. They urged that the Negro unit be moved to a more central location in the state and that an entire new plant be constructed for this purpose. Cost of such a plant was not included in the \$205,000 recommended for improving Alto.

Improvements suggested at Alto include: Converting the Masonic children's building, now being used to house nurses and hospital personnel, into a receiving and surgical building; construction of a modern nurses' home, construction of eight cottages for the staff and personnel, and extensive alterations and improvements of the main buildings.

The committee said the cottages used for treatment of colored patients are antiquated, inadequate and fire traps and should be abandoned at the earliest possible moment.

"There is much to be done in the way of securing adequate staff and personnel," the report said. "Effort is now being made to secure the services of a number of physicians, trained nurses and hospital personnel to bring the institution up to its maximum operating efficiency."

Negro TB Program Moves Forward

Without Leader Courier Journal

The Negro program of the Louisville Tuberculosis Association is going forward in spite of the fact that the Negro staff member employed for the work left the city in February, the association's Negro auxiliary was told yesterday by Mrs. Arch B. Terrell, Jr., executive secretary, in a meeting at the office, 507 S. Third.

The tuberculosis essay contest, school press project, fellowship at University of Michigan summer school, Negro Health Week and other activities have been carried on as usual, and in addition, four X-ray clinics in Negro communities were attended by 3,681, and eight former Negro patients have been assisted in job training and placement by the rehabilitation department, it was announced.

The auxiliary with Dr. J. H. Walls, 930 W. Walnut, chairman, set a quota of \$2,000 to be raised among Negro residents here during the coming Christmas Seal Sale. Last year \$1,956.54 was raised by the group.

Jefferson Second Lowest In Whites Syphilis Infected

Birmingham, Ala.
But Percentage Of Negroes Affected With Disease Highest Of Any Of Nine Counties From Which Reports Received

Birmingham News
 BY LANE CARTER
 News Staff Writer

The percentage of syphilis among white persons in Jefferson County is the second lowest of the nine Alabama counties in which blood test surveys have been conducted, but the rate among Negroes is the highest of the nine counties.

Health officers announced this yesterday after reviewing results of the venereal disease campaign which began May 15 and ended yesterday. Jefferson's percentage was 2 per cent for white and 30 per cent, Negro. Houston County had the second highest syphilitic rate among Negroes with 25.55 per cent.

A total of 287,987 persons were tested during the six weeks of the campaign that ended Friday night. This includes repeat tests on persons called in for secondary examinations and means that more than 250,000 persons were tested at least once.

This total is estimated at more than 88 per cent of the 14 to 50 year age group, and this figure is considered a tremendous success by Dr. George A. Denison, city-county health officer, and Dr. W. H. Y. Smith, chief state health officer in charge of venereal disease control.

 THROUGH WEDNESDAY tests had been taken from 247,832 persons. Of this number, 29,148 showed positive reaction, indicating

STATE RUNS LABORATORY

MONTGOMERY, Ala., June 30—(P)—The State Health Department will take over temporarily the U. S. Public Health Service laboratory in Birmingham which had been used in the blood-testing campaign, it was announced today.

The department's bureau of laboratories will operate it until July 15 with state department personnel, after which it will be taken over by Hillman Hospital, the announcement said.

The equipment will be used by the state to make original tests of blood specimens taken during the campaign and for

that they had syphilis. The great majority of those infected are Negroes, as shown by the 30 per cent proportion. The overall percentage of positives was 11.76 per cent.

Of the 247,832, health officials said that the results of 7,445 were doubtful and that 1,791 were unsatisfactory.

Dr. Smith said yesterday that approximately 2,000 persons have already been given rapid treatment with penicillin, and in most cases syphilis has been made non-infectious. He said it will take a period of several months to determine how many of these cases are cured. As many as 500 a day are being treated at the stations in Jefferson County now, he said.

"It was an outstanding program," Dr. Smith said, "and the people of the county responded exceptionally well. The newspapers and radio have done a marvelous job. Without their cooperation, the program could never have attained such a success. Everyone in Jefferson County is to be congratulated. Civic organizations and other groups gave us splendid help and the city officials were wonderful in their cooperation, enabling us to put up the signs on streets and streetcars that means so much in acquainting the public with purposes of the campaign."

 COST OF THE CAMPAIGN was \$207,000, exclusive of the permanent personnel of the federal, state and county public health departments. Approximately 1,000 workers participated and 925 of them were

Alabama

volunteer workers. Eighteen extra technicians and 32 laboratory workers were employed.

The world's largest serological laboratory, where the blood was analyzed, was established at Hillman Hospital by the United States Public Health Service. This laboratory was capable of running through 20,000 blood tests a day.

The tabulating center at the Fair Grounds was another important unit. Here a check was kept on the number of tests made and the percentage of positive cases. Sugar ration cards were set up here in files so that a check can be made of all those who did not take the tests. Everyone in Jefferson County between the ages of 14 and 50 was required to take tests or face the penalty of a maximum fine of \$100.

Health authorities said it will probably be August before the next venereal disease campaign is conducted in an Alabama county. Meanwhile, though, other states are following the example of Alabama and Jefferson County. Beginning this week, a venereal disease treatment and blood testing program will begin in a section of Texas, taking in a population of 300,000 persons, and plans are under way to begin one in Columbia, S. C., Aug. 1.

FREE TREATMENT OF ALL persons found to be infected with syphilis will continue. Dr. Smith said this work should be completed in two or three weeks. Syphilis of not more than four years' duration is the type that responds to treatment with penicillin, the nine-day wonder drug, it has been found.

Education and publicity are the best weapons to continue the campaign against venereal disease, Dr. Smith said. He emphasized how important it is to find syphilis in the early stages and place these cases under treatment. If a case is allowed to go more than four years, it cannot be cured and, besides, the person with the disease during this time can give it to others, Dr. Smith pointed out.

The other counties in which venereal disease campaigns have been conducted and the percentage of syphilis found follow:

Wilcox, white, 2.4 per cent, Negro, 17.3 per cent; Sumter, white, 3.6 per cent, Negro, 24.96 per cent; Lee, white, 1.8 per cent; Negro, 19.4 per cent; Macon, white, 0.92 per cent; Negro, 10.72 per cent; Russell, white, 3.6 per cent, Negro, 21.7 per cent; Houston, white, 2.96 per cent, Negro, 25.55 per cent, and Dale, white, 2.2 per cent, and Negro, 21.3 per cent.

The Syphilis Rate
 The need for the campaign against venereal diseases is emphasized by the results of the six weeks' drive in Jefferson County.

Although only 2 per cent of the white persons examined showed a positive syphilis reaction, the percentage for Negroes was 30 per cent. The white percentage was the lowest for any of the nine counties in which the blood tests so far have been made, but the Negro percentage was the highest.

When it is considered that every syphilitic not undergoing treatment is a source for the infection, it is clear that Jefferson County will tolerate a great danger in its midst if it does not continue the campaign against the disease vigorously and thoroughly.

Voice Of The People

Bham, Ala. **LOWEST SYPHILIS RATE**

To the Editor of The News:

In the Tuesday, July 3, issue of The Birmingham News there appeared on the editorial page a statement about the results of the syphilis control program just completed in Jefferson County. You stated that Jefferson County's rate of 2 per cent for white people was the lowest of any of the nine counties tested.

Macon County, the fourth in the state in which the blood-testing program has been completed, has a rate of 0.92 for whites and 10.9 for colored.

These, according to my records, are the lowest rates for both white and colored of any of the nine counties tested.

MURRAY, SMITH, M. D.,
 Tuskegee, Ala., County Health Officer.

How to Get Rid of Syphilis

Many a doctor contend that the only way to stamp out syphilis is to find and treat every syphilitic. Last week the city of Birmingham, Ala., having tried that simple-sounding formula, was ready to report: it works.

In the first compulsory civilian mass attack on syphilis in history, the city had blood-tested, tagged and treated virtually every infected citizen. A unique state law requires every Alabamian between 14 and 50 to take a Wassermann-like test. After some trial runs in a few small rural counties, health officers two months ago started the big test in Jefferson County.

Testing centers were set up in Birmingham's filling stations, theater lobbies, churches, every available public gathering place. A huge serological laboratory in a basement of Hillman Hospital, at the University of Alabama's medical school, examined as many as 15,000 blood specimens a day. The city blossomed with placards announcing "free treatment for syphilis." While they were about it, health officials offered voluntary gonorrhea treatments, exhorting the citizenry by posters, newspapers and spot radio announcements, with the promise: "PENICILLIN CURES GONORRHEA IN FOUR HOURS." The U.S.

Public Health Service came across with the penicillin.

Citizens of Birmingham flocked in amiably for their tests. Some strong men fainted. High-school boys & girls arrived in whooping droves, made a lark of it. Everybody got registration slips and had to carry them about like draft cards. By last week the county had given 287,987 tests, examined virtually every eligible citizen. Result: 2% of the white population and 30% of the Negroes were found to have syphilis. All with infections less than four years old (older cases were considered non-catching) were ordered to report for treatment at hospitals, health centers or to a private doctor. Some 2,000 had already been admitted for the nine-day rapid treatment. Health officials, watching Birmingham as a pattern, looked forward to a nationwide fight against syphilis.

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When it is considered that every syphilitic not undergoing treatment is a source for the infection, it is clear that Jefferson County will tolerate a great danger in its midst if it does not continue the campaign against the disease vigorously and thoroughly.

How the Magic City tackled the Great Killer

LESS THAN \$10 worth of penicillin, which isn't hard to get any more, will cure or take the danger out of most cases of syphilis in the stage where it's contagious. Put that fact alongside a couple of others— (1) that there are a million new cases of syphilis in this country each year; (2) that 30,000 American babies a year are born with syphilis—and you see not only one of our biggest health problems but also a pretty obvious solution to it. So far, though, only one state, Alabama, makes almost everyone take a test for syphilis and provides free, compulsory treatment for those who have it.

Alabama's law was pushed through a somewhat reluctant legislature two years ago by a senator who owned a cotton plantation. He had found he could save 75 per cent on doctor bills for his Negro workers, and cut down their time off for sickness, by having them take blood tests every year or so and, if they had syphilis, start treatments before it got too far advanced.

N.Y., N.Y.

Who must take it 10-2-45

The law he wrote requires all persons from 14 to 50 to take a blood test for syphilis (which the State pays for) under penalty of a \$100 fine for wilfully neglecting it. The law gets at almost everybody who's likely to have syphilis by making tests compulsory also for the younger and older members of any family in which the disease is discovered. Another law offers free treatment of venereal disease and says that any infected person may be put in jail or quarantined if he refuses to take treatment from the State or privately.

Because the State does not have enough trained technicians and hospitals, and because the \$75,000 annual appropriation for blood testing isn't nearly enough to provide for the whole State in one year, the Alabama plan is being adopted in one county at a time. This Summer, after try-outs in eight rural counties in two years, it got its big test in Jefferson County. Birmingham, Jefferson's county seat, is by far the State's biggest city and seventh biggest in the South.

Most often described as "the Pittsburgh of the South," because of its iron mines and steel mills, Birmingham prefers the title of "Magic City," a reference to its growth from almost nothing to a population of 307,000 (485,000 in the metropolitan area) in 74 years. Forty per cent of its people are Negroes, who are subjugated by the State's poll tax and by such other measures as a recent action of the legislature blocking Federal sponsorship of low-cost housing on the ground it was a socialistic threat to free enterprise.

Biggest thing of its kind

The 42-day Jefferson County blood-test-

ing campaign was the biggest thing of its kind ever tried anywhere. Doctors, laboratory technicians and statisticians of the state, county and city health departments, the U. S. Public Health Service and the U. S. Army Sanitary Corps were assisted by 925 volunteer workers, mostly women and girls, recruited through newspaper ads and by radio.

Members of labor unions, the Junior Chamber of Commerce, parent-teacher associations, women's clubs and church societies distributed leaflets and put up 4-by-8-foot colored posters describing syphilis as "The Great Killer." Their leaders made speeches at rallies and over the radio urging everybody to turn out for the tests, and smiled for newspaper photos to show that the test didn't hurt.

In the 42-day period from mid-May through June, more than 300,000 blood tests were made, including seconds for those that came out positive. Of some 292,000 persons in the county within the 14-50 age span covered by the law, 92 per cent turned out voluntarily.

Public health doctors were so satisfied with that coverage that nothing was done immediately to bring in the others, though the newspapers kept reminding stragglers that they were subject to the \$100 fine if picked up without the certificate given to each person tested. Two Christian Scientists were excused on request.

Of about 40,000 cases of syphilis discovered during the campaign—nearly 30 per cent of all Negroes tested and 2 per cent of the white—4386 were in the stage, less than four years old, in which the nine-day penicillin treatment works best. All but 686 of these were treated during the campaign, or within a few weeks afterward, at one of three rapid-treatment centers. The others are being rounded up.

Cases more than four years old are less of a menace to public health, since they usually aren't contagious. Penicillin does them some good, however, and, with Birmingham's early cases now pretty well cleaned up, they are being treated at the city's one permanent venereal disease clinic. It will take several months to get around to them all.

Civic enthusiasm for the blood-testing campaign lifted Birmingham social life out of the normal Summer slump. Newspapers plugged it with the slogan, *Meet your friends and relations at the blood-testing station.*

Club members showed up en masse for their tests. Teams of a nurse and five clerks visited the city's largest industrial plants by appointment to make tests with the least interruption of war production.

Events on testing day

Testing stations—separate for Negroes and whites—were set up in schools, church basements and, in the mining communities outside the city, in company stores. In one neighborhood a gasoline service station was used; in another the Junior League Workshop, stocked for the occasion with a library of comic books for the bobby-sock set.

Daily doings at the stations provided the papers with an endless source of feature stories, which served also as publicity for the drive. At one, a group of 25-year-olds congregated and, after long discussion, decided they wouldn't take the test; a girl clerk quickly squelched that mutiny by planting a rumor that you'd have to show your blood-test card to get a new liquor ration book.

More men than women fainted, the testers reported, more boys than men.

We take you now to a testing station in the basement of a Baptist church in one of Birmingham's better-scrubbed neighborhoods. Sunday school benches have been pushed back to one wall, and a line of girls, perhaps a high school senior class, winds raggedly from near the door to the first of three tables in the long room.

Honey Lou steps up

Moving up to the head of the line, Honey Lou Jackson, 17, tells the registration clerk her name, color, sex, age, height, weight, date of birth, address, telephone number. These are written on a 2½-by-3½-inch serially numbered card which Honey will keep to prove she has complied with the law on blood tests. The same information, with Honey's number, is entered on a registration sheet that will go to the tabulating center with others from stations all over the county. And Honey's number—but no further identification—is listed on the laboratory-report form that will go with the sample of her blood to the laboratory for its test.

A second clerk now hands Honey a test tube labeled with that same number and tells her to take it to the center of the room, where a nurse and an assistant are taking blood samples. There Honey grits her teeth as the nurse knots a rubber tube around her arm above the elbow, snaps the base of a sterile needle over the open end of the test tube, swabs off a square inch of skin at the bend of her arm with alcohol-soaked cotton, deftly jabs the needle in, gives Honey a reassuring grin as her blood slowly fills the tube.

And that's all, Honey, except keep your arm bent over this gauze pad till the needle prick stops oozing blood, and take the tube over to the girl at the table.

Once a day or oftener the numbered tubes of blood were taken by taxi from the testing stations to the old Hillman Municipal Hospital. There, in eight days, two dirty basement rooms had been turned into the world's largest seriological laboratory: white-painted, fluorescent-lighted, glass-partitioned and operated by the U. S. Public Health Service.

Proudly called Willow Run by its staff, which included 18 Army lieutenants, this assembly-line establishment handled up to 10,000 blood samples a day.

As a check on whether everybody in the county between 14 and 50 had taken the test, the registration lists were compared with county ration boards' lists of all persons in that age group who had applied for the latest OPA ration book.

Still other tabulators kept a list of per-

sons whose tests indicated they had syphilis, the cases were assigned to a rapid-treatment center or, if the case was beyond the contagious stage, to await their turn at the city's permanent VD clinic. A few preferred to go to private doctors.

The rapid treatment of syphilis with penicillin consists of 72 hypodermic shots, five in the arm and 67 in the hip, three hours apart, day and night, over nine days. These were given during the Birmingham campaign, and for a short time afterward, at three centers run just for that work.

Next? Birmingham and Jefferson County health authorities will now try to round up the 686 cases of early syphilis that haven't been treated, and recheck on 2429 persons whose diagnosis hasn't been completed. After that they will work on the 35,000 older cases.

Meantime, civic organizations will keep up a leaflet and radio-talk campaign on the dangers of venereal disease and how easily it could be stamped out by penicillin treatment. And next year, when another State appropriation becomes available for blood testing, the Alabama campaign will move to another county.

The plan may even spread to other states. Public health people from Texas, Georgia, North and South Carolina, Florida, Louisiana, Mississippi, Virginia and from Washington, D. C., came to Birmingham during the campaign to watch how it worked there. And some of them went away thinking it might be a good idea for their states to have a law like Alabama's.



One of the ways Alabama spread the news.

Unpleasant Facts, Unsatisfactory Answers

Atlanta Constitution
Selective service figures, public health figures, and our own county statistics show that Atlanta and Fulton have the highest incident of venereal disease in the United States.

There is no way to escape the odium of that fact; no way to explain it away.

There it is.

Atlanta, Georgia
The fact that the highest incidence is among Negroes explains only that the highest rate is among Negroes. It is not, as some seek to say, a Negro problem. There are thousands of others.

It is no good trying to excuse it. It is uncomfortable, but it is true.

It is no good, either, saying that it is not, largely, the result of professional prostitutes. Of course there are no more "districts." There haven't been any for a good many years. But it is wrong to look upon the modern professional prostitute as an "amateur." Ask the boys who have been trimmed by them whether they are amateurish or not. The modern professional has become professional in finding places in residential sections, in working hotels, trains, bus stations, railway stations, the cheaper eating and drinking joints, and so on. She is much more professional than her sister of three or four decades ago.

The fact that almost 150 professional prostitutes were tried in Atlanta's police courts this month, representing but a small fraction of those so engaged, is significant. The fact they were found in hotels, in rooming houses, and in bus stations, railway stations and so on, indicates the wide range of their professional activity.

Atlanta could benefit by a frank campaign such as Birmingham recently tried—and found successful.

Atlanta, and Fulton county, both showing the worst record in the nation, must do something.

Sav'h First City Offering Free Test For Syphilis-TB

MANY TAKE ADVANTAGE OF CLINICS

The Savannah Tribune
Savannah, Ga.
In view of the fact that Savannah is the first city in the United States to offer a combination syphilis and tuberculosis case finding and treatment program, the entire nation is watching Savannah with the hope that a pattern that can be used on a national level will be developed. The program is known as the Savannah-Chatham Survey and is endorsed by some fifty local organizations which comprise the strongest cooperative group ever behind any community program.

Five X-ray machines, one of which is a mobile type and furnished by the Savannah-Chatham Tuberculosis Association, will make possible free chest X-rays for tuberculosis for every citizen in Chatham County. An entire laboratory has been set up to handle all of the blood tests on the syphilis side of the program. Physicians as well as highly trained technicians and other personnel have been added to the staff of the Chatham County Health Department for the survey.

"With syphilis killing 100,000 people per year, more than the casualties of the war, and with tuberculosis being responsible for 60,000 deaths, it is obvious why a program of this magnitude should be desired by every citizen in America," Dr. Clair A. Henderson, Director of the Savannah-Chatham Health Center, said yesterday. "The war is won, but the peace remains to be won. Some of us have probably asked ourselves, what can we do towards winning the peace. One thing that each and every one of us can do is see

our community is a healthy community, a clean town where children can grow up in health and decency to become the citizens of our new free world," continued Dr. Henderson.

Man Refusing Treatment For Syphilis Sentenced

Atlanta Constitution
By BILL BORING
Macon, Ga., Nov. 11 (AP)—A Negro who refused to accept free treatment by the State for syphilis was sentenced to 12 months in Reidsville Prison for violating Georgia health laws.

City Judge Cecil A. Baldwin, who imposed the sentence, said the Negro took a few treatments at the Health Clinic here in 1941 but refused to submit to further treatments.

State To Ask U. S. for Hospitals To Back Up Health Tests in Chatham

Atlanta Constitution
By BILL BORING
SAVANNAH, Ga., Nov. 15.—Syphilis and tubercular tests being conducted on a county-wide voluntary scale here will show an appalling need for more state hospital beds, according to Dr. T. F. Abercrombie, director of the Georgia State Department of Health.

To meet this need, Dr. Abercrombie says that the state will make an effort to secure the service hospitals, with their equipment, at Rome, Camp Wheeler at Macon, and Thomasville. These, he said, will provide the state an additional 5,250 beds for caring for venereal, tubercular and other cases.

Dr. Abercrombie said that the volunteer test program now in full swing in Chatham county, under sponsorship of the Savannah-Chatham county health department, headed by Dr. Clair A. Henderson, should set a pattern for similar tests throughout the state. "I'd like to see such a program sponsored in Atlanta, Augusta, Macon, and in every community

in Georgia," Dr. Abercrombie declared. He added that tuberculosis and venereal diseases are not more prevalent in Chatham county than in any other county in Georgia.

The program here, first combination syphilis-tuberculosis tests in America, is backed by the State Department of Health and the U. S. Health Service.

More than 52,000 persons already have undergone tests in the 45-day drive which has 15 more days to run. The actual percentages of persons inspected will not be available until the campaign has ended. According to Dr. Henderson, Negroes, surprisingly enough, have been more cooperative. Of the 52,000 persons tested thus far (they receive test

X-rays for tuberculosis and Kahn having knowledge of it, that "if blood tests for syphilis), 60 per cent have been Negroes. Chat-ham's population runs in just the opposite direction—60 per cent white and 40 per cent Negroes.

Dr. Henderson expects more than 70,000 tests before the campaign closes Nov. 30. The possible number (only persons above the age of 12 are tested) of persons available for tests is 120,000. The campaign's success is attributed to its theme of talking to the public on its level—in terms the layman can understand and not in medical treatises, which, public health officials here, believe are seldom read by the laity.

Huge posters lined Savannah's streets and sound trucks toured the city daily giving health talks pointing out the need for tests. Newspaper and radio publicity has been resorted to freely.

As a result, clinic stations, strategically located throughout the city, have been jammed. Persons have waited for hours for tests, Dr. Henderson said. The campaign publicity points out that "you might have either tuberculosis or syphilis without

Attacks Dr. West's Statement On Venereal Disease In Liberia

The Informant

MONROVIA — (ANP) — In an address before the joint assembly of the Liberian congress which was shortwaved abroad on Friday afternoon, November 9, President Tubman of Liberia denounced the report of Col. John W. West, director of the United States Public Health mission to Liberia, in which Dr. West is alleged to have claimed that "nearly 100 per cent of the population of Liberia was afflicted with venereal disease."

Col. West had been under fire for some time in Liberia since it was charged and never denied that cases of ammunition were received by him labelled "medical supplies." Cartridges have been sold to natives in return for gold, ivory and other minerals, and were also issued to natives in the employ of the public health mission in lieu of pay.

The presidential deunciation of the former Harlem physician and one time employe of the Ethiophian government came like an atomic bomb. Diplomatic circles in Monrovia have kept a discreet silence. While the president spoke, officials of the foreign legations at Monrovia seemed to have recoiled by the shocking disclosure. At the American legation, officials would not comment because of the delicacy of the situation, involving as it does a major representative not only of the U. S. but of the Afro-American in the United States.

Col. West left Liberia for the United States a few weeks ago on the wave of adverse publicity in the local press. It was then said that he had taken suddenly "ill" and had to be flown to the United States supposedly for an operation.

The Afro-American colony in Monrovia has become disturbed over the incidents leading to the public attack on the colony by the president of the republic. It is said that the health mission has done little work since it came to Liberia, and that Dr. West could not have known that a population of whom he had seen little of was "100 percent" diseased.

It is not believed that Dr. West will return to Liberia, but that some other colored American will take over the U. S. P. H. M. in Liberia.

Venereal Disease Still Nation's No. 1 Problem

Although the fight against venereal disease has been hailed as a success story in the United States, the problem is far from solved, according to an article in November Harper's magazine. In 1940, the article states, syphilis alone was reported to have affected more persons than the total affected by smallpox, malaria, infantile paralysis, pneumonia, tuberculosis, diphtheria, meningitis, typhus, and typhoid fever.

Short Treatments No Cure-Aid
According to the U.S. Health Service, less than 25 per cent of the people with syphilis in infectious stages and taking clinic treatment receive the minimum dosage needed to prevent infectious relapse.

It is pointed out that use of penicillin, which provides a short and safe treatment, and several other short-treatment methods are not the complete answer to the problem.

Also necessary is fundamental instruction plus the co-operation of schools, churches, parents, private and governmental agencies in building new defenses against these diseases.

Things Hindering Control
Listed as the main factors hindering the national control problem are: Necessity of working through the States, the secrecy that protects venereal diseases and the confusion which arises from public misinformation, particularly as to the manner in which VD is spread.

Dr. Nels Nelson, of the Johns Hopkins School of Hygiene and Public Health, states that syphilis and gonorrhea are spread mainly by sexual intercourse and are definitely not spread by inanimate objects—not even by toilet seats.

The article points out that in view of this, it is stupid for employers to insist on a blood test of job applicants merely as a safeguard for personnel, but if done to provide treatment for all sickness and to raise the general level of health among employees, it is sound policy.

One physician states that the closing of red-light districts, which is opposed in some quarters, almost invariably brings a drop in VD rates.

The closing of these districts in more than 600 communities since 1941 caused Army VD rates to drop from 41 infections per 1000 men per year to 26 in 1943. Navy rates dropped from 40 per 1000 in 1940 to 25 in 1943.

Georgia's Deplorable Syphilis Rate

Those members of the recent general assembly who, because of petty politics, blocked plans to give Georgia a more adequate program of public health are hereby referred to the most recent statistics on the incident rate of syphilis as reported by Selective Service examiners.

These statistics, compiled from reports of induction stations throughout the nation, show that only two states—Mississippi and Florida—have higher syphilis rates than Georgia among all men examined, black and white, and that Georgia has the worst record of all among the whites.

An average of 145.9 among each 1,000 Georgians examined were found to be infected—as against, for example, 4.8 in New Hampshire, 5.8 in North Dakota, and 6.2 in Wisconsin.

Thirty-two of each 1,000 white inductees examined from Georgia had syphilis and the startling total of 302.4 of every 1,000 Negroes examined were similarly infected.

Syphilis, in such deplorable proportions, is a constant drain on Georgia's productive capacity. It contributes to indolence and poverty at best and crime and insanity at worst.

Yet syphilis, under a comprehensive program of public health, can virtually be eradicated at relatively small cost. Progressive Glynn county, right here in Georgia, is irrefutable evidence of that.

Georgia's syphilis rate is a shame to a state which likes to think of itself as civilized. The sooner we undertake an unrelenting campaign to stamp it out, the better.

**Negro Group
Will Discuss
Disease Work**
Approximately 200 Negro doc-

tors, nurses, ministers, teachers and lay leaders from Virginia communities will assemble at 1 P. M. Sunday in the Egyptian Building, Medical College of Virginia, for the first State-wide venereal-disease control conference sponsored by the Special Protection Division of the Federal Security Agency.

Lieutenant-Colonel George McDonald, Tuskegee Air Base, Tuskegee, Ala., will open the meeting with a discussion on "How the Reduction of the Venereal Diseases Aids the War Effort." Captain Richard W. Bowman, assistant to the venereal-disease control officer, State Department of Health, will present the program of the Virginia Health Department in its battle against the disease. James S. Owens, regional social protection representative of the Federal Security Agency, will present the program conducted by his division.

Other speakers during the three-hour conference will be Dr. Henry J. McGuinn, of the Virginia Union University; Dr. Harry Roberts, of the Virginia State College, Petersburg; Dr. George W. White, medical director of the Richmond Community Hospital, and William M. Cooper, director of extension division, Hampton Institute.

Thomas H. Henderson, dean of Virginia Union University, will preside at the meeting.

Negroes' Lot Must Be Raised To Beat Disease, Leaders Say

Richmond, Va.

To reduce the incidence of venereal disease among Negroes in Virginia, it is imperative to raise the economic, educational, social and recreational standards of the people, speakers pointed out yesterday afternoon at the first State-wide Negro conference on law enforcement and medical therapy in venereal disease.

Approximately 250 Negro doctors, nurses, health workers and lay leaders from all regions of the State attended the conference held yesterday from 1 P. M. to 4 P. M. in the Egyptian Building, Medical College of Virginia, under the auspices of the Social Protection Division of the Federal Security Agency, Washington, and the Virginia State Health Department.

Pointing out that the average Negro knows very little about venereal disease and the methods of controlling it, Lieutenant-Colonel George McDonald, of the Tuskegee Air Base, Tuskegee, Ala., said the first step communities should take in the program to prevent and repressing the disease is through education. Relating his work as control officer at the Tuskegee Air Base, where the incidence of venereal disease among the Negro servicemen has been reduced to one of the lowest in the nation, the medical officer said that the success of the program was the result of education among the men reporting at the installation. This same method of educating people for prevention and control of the disease would be equally as effective among the civilians, Lieutenant-Colonel McDonald asserted.

Enforcement a Block
James S. Owens, regional social protection representative of Washington, pointed out that one of the stumbling blocks in the program to reduce and prevent the incidence of venereal disease among Negroes is the difficulty in obtaining the same standard of law enforcement among Negroes as among the white population. This in a large measure is due to the difference in the attitude of the officials in any given community, he explained.

"The incidence of venereal disease among Negroes will be reduced to that of the white population as soon as the socio-economic conditions of the people improve," Dr. Harry Roberts, professor of sociology, Virginia State College, Petersburg, said in discussing the need for raising the economic, educational, social and recreational standards of Negroes as a means of preventing and repressing the disease. He added that Negro physicians must have

available necessary hospital facilities and free and unrestricted use of laboratories for examining and treating patients.

Representing the State Health Department, Captain Richard W. Bowman, assistant venereal disease control officer, said that "our only hope of breaking chains of infection is for all treatment forces, private physicians, clinics and rapid treatment centers set up curing contact information"—imperative preliminary to the control of the disease. He pointed out that the reduction of the disease can be accomplished only through total community action and not by State and local health departments alone.

Better Housing Stressed
Other speakers at the conference were Dr. Henry J. McGuinn, professor of sociology, Virginia Union University, who emphasized that the elimination of social conditions conducive to contagion is the first step communities should take in the program to prevent and control the infection. Dr. George W. White, medical director of the Richmond Community Hospital, stressed the need for better housing and health conditions as means of control.

Attending the conference were delegates from Bristol, Hampton, Charlottesville, Fredericksburg, Danville, Petersburg, Chesterfield, Henrico, Amelia, Mecklenburg, Leesburg, Alexandria, Bedford, Radford and other points.

11 Per Cent Affected
Montgomery Advertiser
Blood Tests Show

BIRMINGHAM, June 29.—(AP)—Reporting on the results of a mass blood testing campaign in Jefferson County (Birmingham), the city-county health department declared today that positive reactions for syphilis were found among two per cent of the white residents and among 30 per cent of the negroes.

The tests applied to some 300,000 residents of the county between the ages of 14 and 50.

The proportion of positive syphilis reactions for the entire number tested was 11.76 per cent.

"Quick Cures" For Venereal Disease

BY

WALTER CLARKE, M. D.,

Executive Director American Social Hygiene Association

The confidential files of the American Social Hygiene Association contain thousands of letters from men and women willing to mortgage their homes to go where they could benefit by "the miraculous new cure" for syphilis or gonorrhea about which they had read. It was their hope that in some distant city they could obtain cures the home town doctor did not know how to effect.

In the last year a flood of information has reached the general public concerning various "quick cures" for two of the most wide spread communicable diseases, syphilis and gonorrhea. Some of it has been correct, but much has been misleading. Because these diseases are so dangerous, and because so many people suffer from them, it is understandable that tremendous interest, and optimism, should greet every new report of a medical advance in their treatment and cure.

Undeniable, we appear to be entering a new era in the treatment of these venereal diseases. But we are still only at the threshold. And it can cause much harm if the public is misled, made over optimistic, or disappointed in the actual achievement to date and availability of new methods of treatment.

Let us look at the actual facts.

In regard to syphilis, the standard method of treatment, which is the only one now widely available, gives excellent results. This treatment consisting of weekly, or twice-weekly injections of an arsenical compound and of a heavy metal for at least a year and often longer cures or arrests most cases of syphilis and renders practically all of them non-infectious. Its disadvantage is that it is slow and many patients do not have the persistence to see it through.

The advantage of the newer methods, such as the "five-day treatment," is that they appear to accomplish the cure or arrest of the infection in a much shorter period of time and the hospitalization of the patient prevents the possibility of spreading his disease to others while he is under treatment.

A large number of variations of this

method have been tried. While no one yet knows the best combination of time and dose, one thing seems reasonably certain, that after some years of careful study a method of treatment which is much quicker than the present standard of "one year plus" method will become widely available. But at the present time all the intensive treatment methods are still experimental, the final outcome is not fully known, and quickest of them involve considerable risk to life.

In regard to gonorrhea, more definite advances have been made in the therapy than in the case of syphilis. The sulfa drugs, such as sulfathiazole in present use cure about 70 per cent of gonorrhea cases in seven days. But here, too, the treatment is not quite so simple as it may sound.

Notwithstanding wide spread opinion to the contrary, it is not a matter of just going to a drugstore and buying a handful of pills. The sulfa drugs are not without danger and a patient should be under medical supervision when taking them. Further, there remains a certain proportion, ranging upwards of 30 per cent of cases not cured by any amount of these drugs, and only careful repeated laboratory tests can pick out these treatment failures.

The newest experiments in treatment both of syphilis and gonorrhea have employed penicillin, a substance of which the present supply is so very limited that only a few cases can receive this type of therapy. No one at present can say about penicillin in the treatment of venereal diseases more than this: "It's worth careful study in syphilis and seems to be very valuable in sulfa-fast gonorrhea".

On the whole, the past few years have seen a phenomenal advance in the treatment of two wide spread and dangerous diseases - syphilis and gonorrhea. As a result, the outlook is bright, and hope is legitimately higher than ever before that complete control of these infections, have been brought much closer. And for this both the medical profession and the public have cause to be thankful.

32g-1945

**HARLEM GROUP FIGHTS
VENEREAL DISEASES**

N.Y. Times 2-4-45
With Harlem accounting for more than one-third of the syphilis cases reported throughout the city, the Harlem Council on Social Hygiene announced yesterday at its headquarters at 2238 Fifth Avenue an intensified program in community education and organization to combat venereal diseases.

The social agency said it hoped to bring into the open the seriousness of the prevalent condition through motion pictures, lectures and literature in public schools, theatres, churches and with the aid of other social agencies in Harlem. The Harlem council said it was alarmed at the reports of the rejection of registrants for military service because of venereal disease. The reports indicated that the rejection rate of Negroes because of syphilis was about ten times that of the whites. *2-4-45*

The council announced also the appointment of Roger F. Gordon as executive secretary. Mr. Gordon, who has been a field worker with the American Red Cross and has had experience in the Mediterranean theatre of war, took the Army's venereal disease control course at Tuskagee Army Air Field and assisted in the promotion of the program there and in Italy.

"What has the Government Public Opinion done about V.D., Doctor?"

3-27-45

In the last war, the V.D. problem was even more serious than it is now. A Royal Commission, set up to study the problem, reported in 1916 that at least one person in every ten of the population in the large cities must have been infected with syphilis at some time in their lives; and at that time also a great physician, Sir William Osler, estimated that syphilis ranked third or fourth in the list of diseases that kill. This was an eye-opener. The Government took immediate action, causing local Councils to provide laboratory tests and to set up free, confidential clinics all over the country.

The result was that, after a period of comparative stagnation when we seemed to be making no progress, a steady decline began about 1930 in the number of new cases at the clinics. By 1939 we were expecting that in a very short time the scourge of syphilis would be reduced to very small proportions. Progress with gonorrhoea had been less successful because until about 1938, no really satisfactory method of treatment had been discovered.

Unfortunately, with this war, there has once again been a serious increase in V.D. More clinics have been set up, and in 1942 the Government started a widespread campaign of public education, so that everyone should have the chance of learning of the dangers of the venereal diseases and how best they can be dealt with. That educational campaign has been going on ever since, with the co-operation of the Councils for Health Education. It's really an attack on ignorance—ignorance of how these diseases are spread, and how, if contracted, they can be treated and cured.

As a result, many more people are now going promptly to the clinics if they suspect infection.

Doctors at the clinics welcome this increased attendance, for it is only by giving treatment at the earliest stage that we can hope to check the spread of venereal disease.

Of course, prevention is always better than cure; and the only certain way to prevent venereal disease is to avoid running the risk of infection. 3-27-45

CLEAN LIVING IS THE REAL SAFEGUARD

Free Confidential Advice (And Treatment are available at clinics set up by Country and County Borough Councils. (The addresses are given on local posters.) Further information can be obtained IN CONFIDENCE from the Health Department at your local Council's offices, or by writing to the Medical Adviser, Central Council for Health Education, Tavistock House, Tavistock Sq., W.C.I. Please enclose a stamped addressed envelope.

(Issued by the Ministry of Health and the Central Council for Health Education.)